

# **EXHIBIT A**

STATE OF TENNESSEE 19th JUDICIAL DISTRICT CIRCUIT COURT	<b>SUMMONS</b>	CASE FILE NUMBER <i>74CC1-2013-CV-330</i>
<b>PLAINTIFF</b>  JIMMIE MARIE CLAY, by her Co-Conservator and Next Friend, WILLIAM S. CLAY		<b>DEFENDANTS</b>  GGNSC SPRINGFIELD LLC, individually and d/b/a GOLDEN LIVINGCENTER SPRINGFIELD; GOLDEN GATE NATIONAL SENIOR CARE LLC, individually and d/b/a GOLDEN LIVING; GGNSC ADMINISTRATIVE SERVICES LLC, individually and d/b/a GOLDEN VENTURES; GOLDEN GATE ANCILLARY LLC, individually and d/b/a GOLDEN INNOVATIONS; GGNSC CLINICAL SERVICES, LLC, individually and d/b/a GOLDEN CLINICAL SERVICES; GGNSC HOLDINGS LLC, individually and d/b/a GOLDEN HORIZONS; and GGNSC EQUITY HOLDINGS LLC
<b>TO: (NAME AND ADDRESS OF DEFENDANT)</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           GGNSC Holdings LLC, individually and d/b/a Golden            Horizons            c/o Corporation Service Company            2908 Poston Avenue            Nashville, TN 37203-1312         </div> <div style="width: 35%;"> <b>Method of Service:</b>  <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Robertson Co. Sheriff  <input type="checkbox"/> *Comm. of Insurance  <input type="checkbox"/> *Secretary of State  <input type="checkbox"/> *Out of County Sheriff  <input type="checkbox"/> Private Process Server  <input type="checkbox"/> Other            *Attach Required Fees         </div> </div> <p>List each defendant on a separate summons.</p>		
<b>YOU ARE SUMMONED TO DEFEND A CIVIL ACTION FILED AGAINST YOU IN CIRCUIT COURT, ROBERTSON COUNTY, TENNESSEE. YOUR DEFENSE MUST BE MADE WITHIN THIRTY (30) DAYS FROM THE DATE THIS SUMMONS IS SERVED UPON YOU. YOU MUST FILE YOUR DEFENSE WITH THE CLERK OF THE COURT AND SEND A COPY TO THE PLAINTIFF'S ATTORNEY AT THE ADDRESS LISTED BELOW. IF YOU FAIL TO DEFEND THIS ACTION BY THE ABOVE DATE, JUDGMENT BY DEFAULT CAN BE RENDERED AGAINST YOU FOR THE RELIEF SOUGHT IN THE COMPLAINT.</b>		
<b>Attorney for plaintiff or plaintiff if filing Pro Se:</b> (Name, address & telephone number)  John L. Norris, Esq. NORRIS & NORRIS PLC Fifth Third Center 424 Church Street, Suite 1300 Nashville, Tennessee 37219 (615) 627-3959	<b>FILED, ISSUED &amp; ATTESTED</b>  <div style="text-align: center;"> <i>July 26, 2013</i>          Lisa M. Cavender, CIRCUIT COURT CLERK       </div> <div style="margin-top: 10px;">         By: <i>Sonya England DC</i>          Deputy Clerk          Springfield, TN 37172       </div>	
<b>TO THE SHERIFF:</b>	<b>DATE RECEIVED</b>   Sheriff	

\*\*\*Submit one original plus one copy  
for each defendant to be served.

**RETURN ON SERVICE OF SUMMONS**

I hereby return this summons as follows: (Name of Party Served) \_\_\_\_\_

☐ Served \_\_\_\_\_  
☐ Not Served \_\_\_\_\_☐ Not Found \_\_\_\_\_  
☐ Other \_\_\_\_\_

DATE OF RETURN:

By:

Sheriff/or other authorized person to serve process

**RETURN ON SERVICE OF SUMMONS BY MAIL**

I hereby certify and return that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I sent, postage prepaid, by registered return receipt mail or certified return receipt mail, a certified copy of the summons and a copy of the complaint in case \_\_\_\_\_ to the defendant \_\_\_\_\_. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I received the return receipt, which had been signed by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The return receipt is attached to this original summons to be filed by the Circuit Court Clerk.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Signature of \_\_\_\_\_ Notary Public or \_\_\_\_\_ Deputy Clerk

Signature of plaintiff, plaintiff's attorney or other person authorized by statute to serve process.

My Commission Expires:

**NOTICE OF PERSONAL  
PROPERTY EXEMPTION****TO THE DEFENDANT(S):**

Tennessee law provides a four thousand dollar (\$4,000.00) debtor's equity interest personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer.

Mail list to: Circuit Court Clerk  
Robertson County Courthouse, Room 206  
Springfield, TN 37172

Please state file number on list.

ATTACH  
RETURN  
RECEIPT  
HERE  
(IF APPLICABLE)

**CERTIFICATION (IF APPLICABLE)**

I, Lisa M. Cavender, Circuit Court Clerk of the Circuit Court in the State of Tennessee, Robertson County, do certify this to be a true and correct copy of the original summons issued in this case.

Lisa M. Cavender, Circuit Court Clerk  
By:

D.C.

IN THE CIRCUIT COURT OF ROBERTSON COUNTY, TENNESSEE

JIMMIE MARIE CLAY, by her Co-Conservator  
and Next Friend, WILLIAM S. CLAY

Plaintiff,

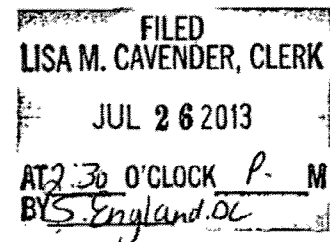
vs.

GGNSC SPRINGFIELD LLC, individually  
and d/b/a GOLDEN LIVINGCENTER  
SPRINGFIELD; GOLDEN GATE NATIONAL  
SENIOR CARE LLC, individually and d/b/a  
GOLDEN LIVING; GGNSC ADMINISTRATIVE  
SERVICES LLC, individually and d/b/a  
GOLDEN VENTURES; GOLDEN GATE  
ANCILLARY LLC, individually and d/b/a  
GOLDEN INNOVATIONS; GGNSC CLINICAL  
SERVICES, LLC, individually and d/b/a  
GOLDEN CLINICAL SERVICES; GGNSC  
HOLDINGS LLC, individually and d/b/a  
GOLDEN HORIZONS; and GGNSC EQUITY  
HOLDINGS LLC,

Defendants.

No. 74CC1-2013-CV-330

JURY DEMAND



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COMPLAINT

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Comes the plaintiff and for cause of action against the defendants states as follows:

INTRODUCTION

1. This case arises out of injuries suffered by Jimmie Marie Clay while a resident/patient of Golden LivingCenter Springfield, a nursing home in Springfield, Robertson County, Tennessee.



## PARTIES

2. William S. Clay is the Co-Conservator and Next Friend of Jimmie Marie Clay (hereinafter "Jimmie Clay" or "Mrs. Clay"), his mother, and brings this action for Mrs. Clay, who is incompetent. William S. Clay resides in Franklin, Williamson County, Tennessee. Jimmie Marie Clay is domiciled in Davidson County, Tennessee but currently resides in a nursing home in Robertson County, Tennessee.

3. The defendant GGNSC Springfield LLC is a Delaware limited liability company whose registered agent for service of process is Corporation Service Company, 2908 Poston Avenue, Nashville, Tennessee 37203-1312. At all times relevant to this lawsuit, said defendant did business as Golden LivingCenter Springfield.

4. The defendant Golden Gate National Senior Care LLC is a Delaware limited liability company whose registered agent for service of process is Corporation Service Company, 2908 Poston Avenue, Nashville, Tennessee 37203-1312. At all times relevant to this lawsuit, said defendant did business as Golden Living.

5. The defendant GGNSC Administrative Services LLC is a Delaware limited liability company whose registered agent for service of process is Corporation Service Company, 2908 Poston Avenue, Nashville, Tennessee 37203-1312. At all times relevant to this lawsuit, said defendant did business as Golden Ventures.

6. The defendant Golden Gate Ancillary LLC is a Delaware limited liability company whose agent for service of process is Corporation Service Company, 2908 Poston Avenue, Nashville, Tennessee 37203-1312. At all times relevant to this lawsuit, said defendant did business as Golden Innovations.

7. The defendant GGNSC Clinical Services, LLC is a Delaware limited liability company whose registered agent for service of process is Corporation Service Company, 2908 Poston Avenue, Nashville, Tennessee 37203-1312. At all times relevant to this lawsuit, said defendant did business as Golden Clinical Services.

8. The defendant GGNSC Holdings LLC is a Delaware limited liability company whose agent for service of process is Corporation Service Company, 2908 Poston Avenue, Nashville, Tennessee 37203-1312. At all times relevant to this lawsuit, said defendant did business as Golden Horizons.

9. The defendant GGNSC Equity Holdings LLC is a Delaware limited liability company whose registered agent for service of process in the State of Arkansas is Corporation Service Company, 300 Spring Building, Suite 900, 300 South Spring Street, Little Rock, Arkansas 72201. The principal place of business of said defendant is in the State of Arkansas.

10. At all times relevant to this lawsuit, the defendants collectively owned, operated, managed, staffed and controlled Golden LivingCenter Springfield, the nursing home at which Jimmie Clay resided at the time she sustained the injuries giving rise to this lawsuit.

#### JURISDICTION AND VENUE

11. This cause arises out of injuries that occurred at a nursing home in Springfield, Robertson County, Tennessee. All defendants had contacts of a continuous and systematic nature with the State of Tennessee, and all defendants except GGNSC Equity Holdings LLC were registered to do business in the State of

Tennessee. Additionally, activities of each defendant in the State of Tennessee gave rise, in whole or in part, to the claim that is the subject of this lawsuit against that defendant. This Court has subject matter jurisdiction over this cause of action and personal jurisdiction over all defendants. Additionally, this Court is a proper venue for this cause of action.

#### FACTUAL BACKGROUND

13. Jimmie Clay was an 88 year old resident of Davidson County, Tennessee when she was admitted to Golden LivingCenter Springfield (hereinafter "Golden Living"), a nursing home in Springfield, Robertson County, Tennessee on or about October 29, 2007. Jimmie Clay is and has been, continuously from before the time the cause(s) of action described below accrued through the present, severely mentally and physically impaired, of unsound mind and adjudicated incompetent. Mrs. Clay was and is cognitively impaired, mentally incompetent and entirely, or nearly entirely, immobile. Owing to her mental and physical limitations, she was incapable of discovering the nature and extent of her injuries, that her injuries were caused by defendants' wrongful conduct or the identity of the defendants. Moreover, if any information whatsoever was provided to Mrs. Clay about the pressure sore on her left hip described below, it was not sufficient to place a reasonable person on notice that her pressure sore was the result of defendants' wrongful conduct. Defendants knowingly and fraudulently concealed the cause, nature and extent of Mrs. Clay's injuries from Mrs. Clay and from her children.

14. While Jimmie Clay was a resident/patient of Golden Living, she suffered multiple injuries. On July 12, 2012, Mrs. Clay was found in bed at Golden

Living with facial injuries, including a laceration and puncture wounds to her chin. Sutures were required. Mrs. Clay was enfeebled, immobile and could not have inflicted these injuries on herself. Rather, they were inflicted by another resident/patient.

15. In spite of her immobility, Mrs. Clay suffered multiple falls at Golden Living. For example, she was found on the floor next to her bed on July 22, 2012. Two days later, on July 24, 2012, Mrs. Clay was found with her torso hanging off the right side of the bed, her hips against the side rails and her head and shoulder on the floor. She had a head injury and was taken to the hospital.

16. Defendants engaged in a pattern of neglect toward Jimmie Clay. This included regularly and routinely failing to follow physician orders and not providing essential services to Mrs. Clay, including failing to reposition her as ordered to prevent the development and worsening of pressure sores or to administer treatments as ordered.

17. Defendants failed to provide sufficient numbers of adequately trained staff to properly care for Mrs. Clay and other residents/patients. Defendants had actual knowledge that residents/patients of Golden Living, including Jimmie Clay, were not receiving necessary care but made a conscious business decision not to increase the level of staffing.

18. As a result of not being provided necessary care, Mrs. Clay experienced skin breakdown at Golden Living.

19. For example, Mrs. Clay was noted on February 23, 2012 to have a pressure sore measuring 2.2 centimeters in length and 3.1 centimeters in width on

her left hip. On April 4, 2012, the pressure sore was 1.5 centimeters in length and 2.3 centimeters in width, with no depth, no exudate and no odor. Defendants regularly and routinely failed to reposition Mrs. Clay to relieve pressure on her left hip and prevent the worsening of this pressure sore. Defendants also failed to administer treatments as ordered by the treating physician. On May 22, 2012, this pressure sore was measured at 2 centimeters in length, 2 centimeters in width and 0.1 centimeters in depth. There was scant exudate and no odor. By July 16, 2012 this pressure sore measured 5.3 centimeters in length, 4.5 centimeters in width and had a depth of 3 centimeters. There was heavy yellow exudate and an odor. After debridement, this pressure sore measured 3.7 centimeters in depth.

20. On or about July 26, 2012, Mrs. Clay was admitted to NorthCrest Medical Center. She was noted to have a Stage IV pressure sore on her left hip. Mrs. Clay was discharged from NorthCrest Medical Center to a different nursing home, NHC HealthCare Springfield ("NHC") on July 31, 2012. Her Stage IV pressure sore on her left hip was noted and treated. The pressure sore on her left hip improved dramatically at NHC. By October 20, 2012, the pressure measured 1.5 centimeters in length, 1 centimeter in width and 2 centimeters in depth. This improvement shows that the pressure sore would respond to appropriate treatment.

#### AGENCY

21. Each allegation against each defendant includes that defendant's agents and employees acting in the course and scope of their agency and/or employment. Defendants are liable for the actionable conduct of their agents and employees under the doctrine of *respondeat superior* and principles of agency.



### DUTY OF GOLDEN LIVING

22. Independent of its agents and employees, Golden Living, including defendants who collectively owned, operated, managed, staffed and controlled Golden Living, owed a duty of reasonable care to its residents/patients such as Jimmie Clay.

### CAUSES OF ACTION

#### Medical Negligence

23. In their care and treatment of Jimmie Clay, the defendants carelessly and negligently failed to comply with the recognized standard of acceptable professional practice ("Standard of Care") for nursing homes in the community in which Golden Living is located or in a similar community at the time the injuries to Jimmie Clay and defendants' wrongful actions occurred in that they:

- a. Negligently failed to prevent pressure sores from developing and worsening and negligently failed to provide necessary care and services to promote healing once there had been a breakdown of Mrs. Clay's skin;
- b. Negligently failed to provide care ordered by the treating physician, including failing to change Mrs. Clay's position to relieve pressure and failing to administer treatments as ordered;
- c. Negligently failed to inform Mrs. Clay's children of significant changes in their mother's condition;
- d. Negligently failed to timely refer Mrs. Clay to an appropriate wound care specialist;

- e. Negligently failed to properly assess, evaluate, treat and care for Mrs. Clay;
- f. Negligently failed to provide sufficient nursing staff, including certified nursing assistants, to provide necessary care and services, including repositioning and treatments, to Mrs. Clay;
- g. Negligently failed to adequately train and supervise its nursing staff;
- h. Negligently failed to adopt and/or enforce policies and procedures sufficient to ensure that Mrs. Clay received necessary care and services;
- h. Negligently failed to protect Mrs. Clay from an assault by another resident/patient; and
- i. Negligently failed to prevent Mrs. Clay from falling repeatedly in spite of her total or near-total immobility.

#### CAUSATION AND DAMAGES

24. Jimmie Clay suffered serious, painful injuries as a proximate result of defendants' medical negligence described above. She suffered injuries which would not otherwise have occurred. Plaintiff seeks all damages recoverable under Tennessee law for Jimmie Clay's injuries, including pain and suffering, loss of enjoyment of life, medical expenses and disfigurement.

25. This is one of those most egregious of cases in which an award of punitive damages is necessary to punish defendants for their misconduct and to

deter others from similar misconduct. Defendants acted maliciously, intentionally, fraudulently and/or recklessly in their care of Jimmie Clay.

COMPLIANCE WITH T.C.A. § 29-26-121(a)

26. Plaintiff has fully complied with the requirements of T.C.A. § 29-26-121(a). Attached as Exhibit 1 is the Affidavit of Debbie Wells dated July 2, 2013 with attached copies of the notice letters, including enclosures, and with Certificates of Mailing, Certified Mail Receipts and Return Receipts demonstrating the mailing of notice letters and all required information and documents to all defendants and the receipt of a notice letter and all required information and documents by each defendant. Exhibit 1 demonstrates mailing and delivery of the notice letters and all required information and documents to all defendants pursuant to T.C.A. § 29-26-121(a). This action is being filed more than sixty (60) days after notice was given to each defendant. This action is also being filed within 120 days of the date notice was given to all defendants in full compliance with T.C.A. § 29-26-121(a). This action is timely.

COMPLIANCE WITH T.C.A § 29-26-122

27. A Certificate of Good Faith is filed contemporaneously with this Complaint pursuant to the provisions of T.C.A. § 29-26-122. In accordance with the foregoing statute, plaintiff's counsel John L. Norris states and certifies as follows:

- a. he has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

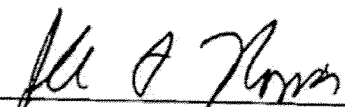
- (i) are competent under T.C.A. § 29-26-115 to express opinions in this case; and
  - (ii) believe based upon the information available and from the medical records concerning the care and treatment of Jimmie Marie Clay for the incident at issue that it is a good faith basis to maintain the action consistent with the requirements of T.C.A. § 29-26-115.
- b. Plaintiff's counsel John L. Norris has zero (0) prior violations of T.C.A. § 29-26-122.

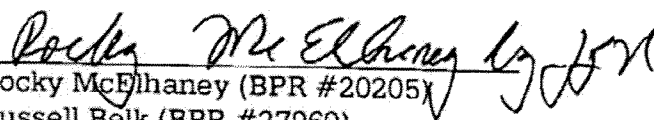
**PRAYER FOR RELIEF**

Wherefore, plaintiff prays for and demands the following:

- a. That process issue and be served upon defendants;
- b. That a jury be empanelled to try this cause;
- c. That plaintiffs be awarded compensatory damages from the defendants, and each of them, in an amount not to exceed One Million Dollars and 00/100 (\$1,000,000.00);
- d. That plaintiffs be awarded punitive damages from the defendants, each of them, in an amount not to exceed Two Million Dollars (\$2,000,000.00);
- f. Attorney's fees;
- g. Discretionary and other costs;
- h. Post-judgment interest; and

- i. Such other relief to which plaintiffs may be entitled.

  
\_\_\_\_\_  
John L. Norris (BPR #6007)  
NORRIS & NORRIS, PLC  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, Tennessee 37219  
(615) 627-3959

  
\_\_\_\_\_  
Rocky McElhaney (BPR #20205)  
Russell Belk (BPR #27960)  
ROCKY MCELHANEY LAW FIRM  
Music Row, 1516 16<sup>th</sup> Avenue South  
Nashville, Tennessee 37212  
(615) 425-2500



# EXHIBIT 1

IN RE: )  
JIMMIE MARIE CLAY )  
Date of Birth: January 5, 1919 )  
Notice required by T.C.A. § 29-26-121(a) )

AFFIDAVIT OF DEBBIE WELLS

Debbie Wells, after first being duly sworn, states as follows:

1. I have personal knowledge of the matters stated in this affidavit.
2. I am employed by the law firm of Norris & Norris PLC.
3. On May 9, 2013, I mailed multiple notice letters, each with attachments, by Certified Mail, return receipt requested and with a certificate of mailing for each letter. Four (4) identical notice letters, with attachments, were addressed and mailed to GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield at the address of its physical location, the address of its registered agent, its principal address listed with the Tennessee Secretary of State and the mailing address listed with the Tennessee Secretary of State for its principal office; Three (3) identical notice letters, with attachments, were addressed and mailed to Golden Gate National Senior Care LLC, individually and d/b/a Golden Living at the address of its registered agent, its principal address listed with the Tennessee Secretary of State and the mailing address listed with the Tennessee Secretary of State for its principal office; Three (3) identical notice letters, with attachments, were addressed and mailed to GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures at the address of its registered agent, its principal address listed with the Tennessee Secretary of State and the mailing address listed with the Tennessee Secretary of State for its principal office; Three (3) identical notice letters, with

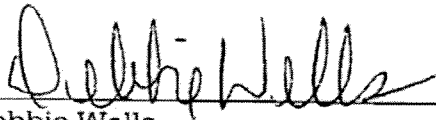
attachments, were addressed and mailed to Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations at the address of its registered agent, its principal address listed with the Tennessee Secretary of State and the mailing address listed with the Tennessee Secretary of State for its principal office; Three (3) identical notice letters, with attachments, were addressed and mailed to GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services at the address of its registered agent, its principal address listed with the Tennessee Secretary of State and the mailing address listed with the Tennessee Secretary of State for its principal office; Three (3) identical notice letters, with attachments, were addressed and mailed to GGNSC Holdings LLC, individually and d/b/a Golden Horizons at the address of its registered agent, its principal address listed with the Tennessee Secretary of State and the mailing address listed with the Tennessee Secretary of State for its principal office; and Two (2) identical notice letters, with attachments, were addressed and mailed to GGNSC Equity Holdings LLC at the address of its registered agent and the address listed with the Arkansas Secretary of State for its principal office.

4. Working together, a co-worker and I placed the letters and attachments in envelopes, each of us making sure that each letter (and attachments) was placed in the correct envelope. I took the sealed letters to the U.S. Post Office located in the Arcade, Nashville, Tennessee. One of the postal clerks there assisted me in the mailing and provided me with a certificate of mailing for each of the letters. The Certified Mail Receipts for the letters sent by Certified Mail, with the Certificate of Mailing completed for each of the addresses, are attached. Copies of each of the

notice letters, with attachments, are also attached. Each of these notice letters was mailed by me as described above on May 9, 2013.

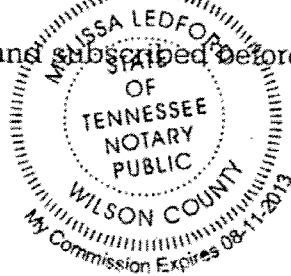
5. The return receipt cards showing delivery of these letters are also attached.


This 8<sup>th</sup> day of July, 2013.

  
Debbie Wells

STATE OF TENNESSEE )  
COUNTY OF DAVIDSON )

Sworn to and subscribed before me this 8<sup>th</sup> day of July, 2013.



  
NOTARY PUBLIC

JOHN L. NORRIS  
john@norrislaw.net

Certified as a Civil Trial  
Specialist by the National  
Board of Trial Advocacy

CHRISTINA NORRIS  
chris@norrislaw.net

NORRIS & NORRIS PLC  
FIFTH THIRD CENTER  
424 CHURCH STREET, SUITE 1300  
NASHVILLE, TENNESSEE 37219-2301  
(615) 627-3959  
(615) 627-3962 FAX  
www.norrislaw.net

BARBARA MOSS  
Of Counsel  
bmoss@norrislaw.net

Paralegals:  
Kristen Mazzanti  
Melissa Ledford  
Debbie Wells

May 9, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

GGNSC Administrative Services, LLC,  
individually and d/b/a Golden Ventures  
1000 Fianna Way  
Fort Smith, AR 72919-9008

GGNSC Administrative Services, LLC,  
individually and d/b/a Golden Ventures  
c/o Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312

GGNSC Administrative Services, LLC,  
individually and d/b/a Golden Ventures  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

RE: Patient whose treatment is at issue:

Jimmie Marie Clay

Date of Birth: January 5, 1919

Name, address and relationship to  
the patient of the claimant:

William S. Clay, Co-Conservator  
and Next Friend of Jimmie Marie  
Clay

197 London Lane  
Franklin, TN 37067

Dear GGNSC Administrative Services, LLC, individually and d/b/a Golden Ventures:

I represent William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, and am his authorized agent. On behalf of Jimmie Marie Clay, William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, is asserting a potential claim for medical malpractice against GGNSC Administrative Services, LLC, individually and d/b/a Golden Ventures arising out of care provided to Jimmie Marie Clay at Golden LivingCenter Springfield from October 29, 2007 through July 26, 2012. Jimmie Marie Clay suffered injuries as a result of the care negligently rendered to her, including a Stage IV pressure sore to her left hip, injuries sustained on or about July 12, 2012 and injuries sustained in a fall on or about July 24, 2012. William S. Clay is a son of Jimmie Marie Clay.

Attached to this letter is a list of all health care providers to whom notice is being sent pursuant to T.C.A. § 29-26-121(a). Also attached is a HIPAA compliant medical authorization, with attached Order Appointing Co-Conservators, permitting



GGNSC Administrative Services, LLC, individually and d/b/a Golden Ventures  
May 9, 2013  
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each provider receiving notice to obtain complete medical records from each other provider.

Sincerely yours,

NORRIS & NORRIS PLC



John L. Norris

JLN/ml

Enclosures: As stated.

LIST OF HEALTH CARE PROVIDERS TO WHOM NOTICE IS BEING  
GIVEN PURSUANT TO T.C.A. SECTION 29-26-121(a)

RE: Patient: Jimmie Marie Clay  
DOB: January 5, 1919

The below is a list of all healthcare providers to whom notice is being given, pursuant to T.C.A. Section 29-26-121(a), of a potential claim for medical malpractice:

GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 104 Watson Road Springfield, TN 37172	GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 1000 Fianna Way Fort Smith, AR 72919-0001
GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate National Senior Care LLC, individually and d/b/a Golden Living c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Administrative Services LLC individually and d/b/a Golden Ventures 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008
GGNSC Administrative Services LLC individually and d/b/a Golden Ventures c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 1000 Fianna Way Fort Smith, AR 72919-9008

GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	GGNSC Holdings LLC, individually and d/b/a Golden Horizons c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Equity Holdings LLC 1000 Fianna Way Fort Smith, AR 72919
GGNSC Equity Holdings LLC c/o Corporation Service Company 300 Spring Building, Suite 900 300 South Spring Street Little Rock, AR 72201	

HIPAA COMPLIANT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC

RE: JIMMIE MARIE CLAY

DATE OF BIRTH: January 5, 1919

SOCIAL SECURITY NO.: 409-30-2749

I, William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay, hereby authorize you to release to any representative of GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC any and all medical, care, evaluation or treatment records, including medical records received from other healthcare providers, nursing home records, clinic notes, office notes, doctors' progress reports, activities of daily living records, intake/output forms, clinical tests, respiratory care records, medication sheets, operative information, therapy records, all records prepared by nurses or nursing assistants, all nursing notes and information, transfer forms, ER information, consultations, radiology reports and/or X-rays, diagnostic testing reports, lab reports, pathology specimens and reports, admission information, pharmacy information, billing information and any other items or documents dealing with Jimmie Marie Clay's care, treatment and/or evaluation.

You are authorized to furnish this information even though the confidentiality of the information may be protected by Federal or State laws and regulations.

The purpose of the release of Jimmie Marie Clay's records is for review by GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC, for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY REPRESENTATIVE OF GGNSC SPRINGFIELD LLC, INDIVIDUALLY AND D/B/A GOLDEN LIVINGCENTER SPRINGFIELD; GOLDEN GATE NATIONAL SENIOR CARE LLC, INDIVIDUALLY



AND D/B/A GOLDEN LIVING; GGNSC ADMINISTRATIVE SERVICES LLC, INDIVIDUALLY AND D/B/A GOLDEN VENTURES; GGNSC HOLDINGS LLC, INDIVIDUALLY AND D/B/A GOLDEN HORIZONS; GOLDEN GATE ANCILLARY LLC, INDIVIDUALLY AND D/B/A GOLDEN INNOVATIONS; GGNSC CLINICAL SERVICES, LLC, INDIVIDUALLY AND D/B/A GOLDEN CLINICAL SERVICES; AND GGNSC EQUITY HOLDINGS LLC OUTSIDE THE PRESENCE OF MY ATTORNEY.

All records obtained pursuant to this authorization shall be copied by the party obtaining them and a numbered copy shall be furnished to my counsel, John L. Norris, Fifth Third Center, 424 Church Street, Suite 1300, Nashville, Tennessee 37219, within ten (10) days after the records are obtained through the use of this authorization.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Should I desire to revoke this authorization, I must send written notice to the above-named health care providers. Unless otherwise revoked, a copy of this authorization shall be deemed as sufficient as the original for purposes of releasing the records and information. This authorization, including copies, shall be valid for one year from the date set forth below.

I understand that I am not required to sign this authorization.

The above-named health care provider(s) will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

I understand that if I authorize the release of Jimmie Marie Clay's health information to a recipient who is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by federal or state privacy laws.

A copy of the Order appointing me Co-Conservator of Jimmie Marie Clay is attached to this Authorization as is a copy of the Letters of Conservatorship.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

DATE: 5-9-2013

SIGNED: William S. Clay Co-Conservator and next friend of Jimmie Marie Clay  
William S. Clay Co-Conservator and next friend of Jimmie Marie Clay



IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

IN THE MATTER OF  
THE CONSERVATORSHIP OF:  
JIMMIE MARIE CLAY

2013 MAY -8 PM 2:34

RICHARD R. ROTHNER, CLERK

NO. 13P-671

S.C.

ORDER APPOINTING CO-CONSERVATORS

This matter was heard on May 8, 2013, on the Petition filed by Petitioner's three (3) adult children to appoint Petitioners Joe Allen Clay and/or William S. Clay as Co-Conservators for their mother, Respondent Jimmie Marie Clay.

Based upon the facts stated in the sworn Petition, the sworn Report of Carol Cantrell M.D., the Report filed by attorney John C. Long as Guardian ad Litem, and statements of counsel, the Court finds:

- (1) Respondent Jimmie Marie Clay (Ms. Clay"), whose domicile is Davidson County, was properly served with process by the Guardian ad Litem.
- (2) Ms. Clay, age 94, is bedbound and is not verbally responsive.
- (3) Ms. Clay is fully disabled and is in need Court assistance pursuant to Tenn. Code Ann. §§ 34-1-126; and 34-1-101(7). She is unable to make decisions about her physical well-being, her medical treatment, her relocation, or her financial affairs.
- (4) Ms. Clay receives Medicaid/TennCare long-term care benefits; her monthly Social Security benefits (\$1,025.00) and VA pension (\$90.00) are used to pay her monthly care expenses.
- (5) Joe Allen Clay and/or William S. Clay are appropriate persons to serve as their mother's Co-Conservators to make all necessary decisions on her behalf.

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED:**

1. Joe Allen Clay and/or William S. Clay are appointed as Co-Conservators for Respondent Jimmie Marie Clay, with authority to act either individually or together; Letters of Conservatorship shall be issued to Joe Allen Clay and/or William S. Clay.
2. The requirement of bond is waived in accordance with Tenn. Code Ann. § 34-1-105(b)(2).
3. Inventory, Property Management Plan, and annual accountings are also waived pursuant to Tenn. Code Ann. § 34-1-111(h)(1). The Co-Conservators shall file an annual status report with the Probate Clerk.
4. Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to make all personal and healthcare decisions on behalf of Respondent, including the right to communicate with Respondent's medical and mental health providers, to consent to or to refuse any medical or mental health treatment and hospitalization, and to admit or discharge Respondent to or from any hospital or healthcare facility.
5. Further, Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to advocate for Respondent's health care needs, to obtain any and all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164, to examine Respondent's identifiable and otherwise confidential health information, and any medical or mental health-related records, and to disclose this information to third persons as necessary to protect or advocate for Respondent's interests.

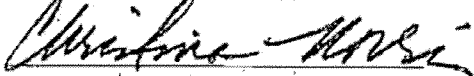
6. Next, Co-Conservators Joe Allen Clay and/or William S. Clay have full authority over Respondent's property and financial matters, including the right to make decisions about all of Respondent's financial affairs and to bring any cause of action on behalf of Respondent Jimmie Marie Clay.
7. Upon review of the affidavit filed by Christina Norris, attorney for Petitioners, Ms. Norris is awarded \$ 1,811.<sup>20</sup> for her services, to be charged to the property of Jimmie Marie Clay to be paid as funds may become available.
8. Based on the affidavit filed by attorney Chad Long, Mr. Long is awarded \$ 600.<sup>00</sup> for his services as Guardian ad Litem, which is charged to the property of Respondent Jimmie Marie Clay <sup>to be paid</sup> ~~as funds may~~ <sup>immediately be</sup> ~~become available.~~

ENTERED this 8<sup>th</sup> day of May, 2013.

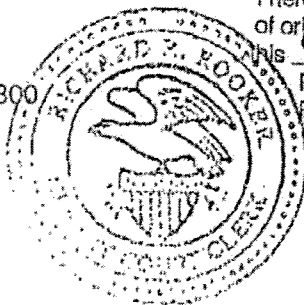
  
RANDY KENNEDY, JUDGE

APPROVED FOR ENTRY:

NORRIS & NORRIS PLC



Christina Norris No. 6599  
John L. Norris No. 6007  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, TN 37219  
(615) 627-3959  
Attorneys for Petitioners



I hereby certify that this is a true copy  
of original instrument filed in my office  
this 8<sup>th</sup> day of May, 2013  
By RICHARD R. ROOKE Clerk  
[Signature]  
Deputy Clerk

CERTIFICATE OF SERVICE

I hereby certify that on May 8, 2013, a copy of the foregoing Order was sent by U. S. mail, to:

Joe Allen Clay  
204 Claudia Dr.  
Old Hickory, TN 37138

William S. Clay  
197 London Lane  
Franklin, TN 37076

Richard Lee Clay  
3041 Quail Court  
Greenbrier, TN 37073

John Chadwick Long  
130 South Water Ave.  
Gallatin, TN 37066  
*Guardian ad Litem*

  
Christina Norris

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF CONSERVATORSHIP

Estate of Jimmie Marie Clay

Docket No. 13P671

To: JOE ALLEN CLAY AND/OR WILLIAM S. CLAY:

IT APPEARING to the Court that JIMMIE MARIE CLAY is in need of the appointment of a Fiduciary to manage the personal, mental, medical and financial affairs of this respondent and you having qualified according to law, and the Court having ordered that Letters issue:

THEREFORE, you, JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, are empowered to take full authority over the personal, mental and medical care of this person and to enter upon their property, to take into your possession, for the use and benefit of the aforementioned respondent, the assets of the respondent. Further, you are empowered to bring such suits or actions in relation thereto as may be deemed necessary and proper and in accordance with your duties, submit an Inventory within sixty (60) days of your appointment and file Annual Accountings pursuant to the statute, unless waived by this Court. Further, you must adhere to the Property Management Plan approved and adopted by the Court and make the necessary increases to the bond as required and at such time, make and prepare a Final Settlement of your accounts in this matter. HEREIN FAIL NOT.

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this 9th day of May, 2013.

Order of MAY 8, 2013  
Without Bond

Richard R. Rooker, Clerk

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Conservatorship issued to JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, in this matter, and I do further certify that this person(s) is still acting as the court-appointed Fiduciary in this matter, and continues to be entitled to full faith and credit, as it appears from the records in my office at Nashville, Tennessee, this 9th day of May, 2013.

Richard R. Rooker, Clerk

D.C.



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <u>C. Mayle</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>GGNSC Administrative Services LLC individually and d/b/a Golden Ventures % Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312</p>		<p>B. Received by (Printed Name) <u>NASHVILLE</u></p> <p>C. Date of Delivery <u>5/10/13</u></p>	
<p>2. Article Number (Transfer from service label) <u>7011 2000 0002 5915 3587</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1840</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Postage	\$ 0.86
Certified Fee	\$ 0.70
Return Receipt Fee (Endorsement Required)	\$ 2.55
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 6.51

Sent To: GGNSC Admin Services, LLC d/b/a Golden Ventures % Corp. Service Co.  
2908 Poston Ave., Nashville TN 37203

PS Form 3800, August 2006 See Reverse for Instructions

**NASHVILLE TN ARCADE STA**  
 MAY 09 2013  
 05/09/2013

**UNITED STATES POSTAL SERVICE®**

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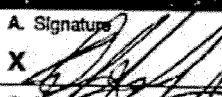

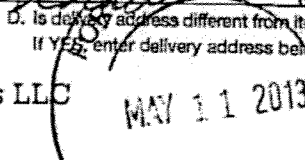
From: NORRIS & NORRIS, PLC  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: GGNSC Administrative Services LLC  
ind. d/b/a Golden Ventures  
% Corporation Service Company  
2908 Poston Ave Nashville TN 37202

**NASHVILLE TN ARCADE STA**  
 MAY 09 2013

U.S. POSTAGE  
 PAID  
 NASHVILLE, TN  
 MAY 9, 2013

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 4? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>GGNSC Administrative Services LLC individually and d/b/a Golden Ventures 1000 Fiana Way Fort Smith, AR 72919-9008</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0002 2890 2585</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service<sup>®</sup>**  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7012 2920 0002 2890 2585

Postage	\$ 10.85
Certified Fee	\$ 0.10
Return Receipt Fee (Endorsement Required)	\$ 2.55
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 13.51</b>

**Postmark**  
 Here  
 MAY 09 2013  
 05/09/2013

**66NSC Administrative Services LLC**  
 ind. dba Golden Ventures  
 1000 Fiana Way  
 Fort Smith AR 72919-9008

PS Form 3800, August 2006 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE<sup>®</sup>**

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This Certificate of Mailing provides evidence that mail has been presented to the United States Postal Service for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLC**  
 424 Church Street  
 Suite 1300  
 Nashville, TN 37219

To: **GGNSC Administrative Services LLC**  
 ind. dba Golden Ventures  
 1000 Fiana Way  
 Fort Smith AR 72919-9008

**Postmark**  
 MAY 09 2013

**U.S. POSTAGE PAID**  
 NASHVILLE, TN 37219  
 MAY 09 2013  
 PERMIT NO. 1100

PS Form 3817, April 2007 PSN 7530-02-000-9065

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GGNSC Administrative Services LLC  
individually and d/b/a Golden  
Ventures  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

2. Article Number  
(Transfer from service label)

7012 2920 0002 2890 2592

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Chase Brown

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

CHASE BROWN

C. Date of Delivery

5-15-13

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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PLANO TX 75024

**OFFICIAL USE**

Postage \$ 10.84

Certified Fee

\$ 1.00

Return Receipt Fee  
(Endorsement Required)

\$ 2.55

Restricted Delivery Fee  
(Endorsement Required)

\$ 0.00

Total Postage & Fees

\$ 14.39

GGNSC Administrative Services LLC

ind + dba Golden Ventures

Street, Apt. No.

7160 Dallas Pkwy., Ste. 400

City, State, ZIP+4

Plano TX 75024-7111

PS Form 3800, August 2005 See Reverse for Instructions



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From:

NORRIS & NORRIS, P.C.

424 Church Street

Suite 1300

Nashville, TN 37219

To:

GGNSC Administrative Services LLC

ind + dba Golden Ventures

7160 Dallas Pkwy., Ste. 400

Plano TX 75024-7111

PS Form 3817, April 2007 PSN 7530-02-000-9065

JOHN L. NORRIS  
john@norrislaw.net

Certified as a Civil Trial  
Specialist by the National  
Board of Trial Advocacy

CHRISTINA NORRIS  
chris@norrislaw.net

NORRIS & NORRIS PLC  
FIFTH THIRD CENTER  
424 CHURCH STREET, SUITE 1300  
NASHVILLE, TENNESSEE 37219-2301  
(615) 627-3959  
(615) 627-3962 FAX  
www.norrislaw.net

BARBARA MOSS  
Of Counsel  
bmoss@norrislaw.net

Paralegals:  
Kristen Mazzanti  
Melissa Ledford  
Debbie Wells

May 9, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

GGNSC Clinical Services, LLC,  
individually and d/b/a Golden Clinical  
Services  
1000 Fianna Way  
Fort Smith, AR 72919-9008

GGNSC Clinical Services, LLC,  
individually and d/b/a Golden Clinical  
Services  
c/o Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312

GGNSC Clinical Services, LLC,  
individually and d/b/a Golden Clinical  
Services  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

RE: Patient whose treatment is at issue: Jimmie Marie Clay  
Date of Birth: January 5, 1919  
Name, address and relationship to  
the patient of the claimant: William S. Clay, Co-Conservator  
and Next Friend of Jimmie Marie  
Clay  
197 London Lane  
Franklin, TN 37067

Dear GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services:

I represent William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, and am his authorized agent. On behalf of Jimmie Marie Clay, William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, is asserting a potential claim for medical malpractice against GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services arising out of care provided to Jimmie Marie Clay at Golden LivingCenter Springfield from October 29, 2007 through July 26, 2012. Jimmie Marie Clay suffered injuries as a result of the care negligently rendered to her, including a Stage IV pressure sore to her left hip, injuries sustained on or about July 12, 2012 and injuries sustained in a fall on or about July 24, 2012. William S. Clay is a son of Jimmie Marie Clay.



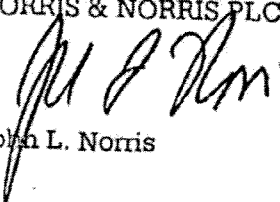
GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services  
May 9, 2013  
Page - 2 -

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Attached to this letter is a list of all health care providers to whom notice is being sent pursuant to T.C.A. § 29-26-121(a). Also attached is a HIPAA compliant medical authorization, with attached Order Appointing Co-Conservators, permitting each provider receiving notice to obtain complete medical records from each other provider.

Sincerely yours,

NORRIS & NORRIS PLC



John L. Norris

JLN/ml

Enclosures: As stated.



LIST OF HEALTH CARE PROVIDERS TO WHOM NOTICE IS BEING  
GIVEN PURSUANT TO T.C.A. SECTION 29-26-121(a)

RE: Patient: Jimmie Marie Clay  
DOB: January 5, 1919

The below is a list of all healthcare providers to whom notice is being given, pursuant to T.C.A. Section 29-26-121(a), of a potential claim for medical malpractice:

GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 104 Watson Road Springfield, TN 37172	GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 1000 Fianna Way Fort Smith, AR 72919-0001
GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate National Senior Care LLC, individually and d/b/a Golden Living c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Administrative Services LLC individually and d/b/a Golden Ventures 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008
GGNSC Administrative Services LLC individually and d/b/a Golden Ventures c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 1000 Fianna Way Fort Smith, AR 72919-9008

GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	GGNSC Holdings LLC, individually and d/b/a Golden Horizons c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Equity Holdings LLC 1000 Fianna Way Fort Smith, AR 72919
GGNSC Equity Holdings LLC c/o Corporation Service Company 300 Spring Building, Suite 900 300 South Spring Street Little Rock, AR 72201	

HIPAA COMPLIANT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC

RE: JIMMIE MARIE CLAY

DATE OF BIRTH: January 5, 1919

SOCIAL SECURITY NO.: 409-30-2749

I, William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay, hereby authorize you to release to any representative of GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC any and all medical, care, evaluation or treatment records, including medical records received from other healthcare providers, nursing home records, clinic notes, office notes, doctors' progress reports, activities of daily living records, intake/output forms, clinical tests, respiratory care records, medication sheets, operative information, therapy records, all records prepared by nurses or nursing assistants, all nursing notes and information, transfer forms, ER information, consultations, radiology reports and/or X-rays, diagnostic testing reports, lab reports, pathology specimens and reports, admission information, pharmacy information, billing information and any other items or documents dealing with Jimmie Marie Clay's care, treatment and/or evaluation.

You are authorized to furnish this information even though the confidentiality of the information may be protected by Federal or State laws and regulations.

The purpose of the release of Jimmie Marie Clay's records is for review by GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC, for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY REPRESENTATIVE OF GGNSC SPRINGFIELD LLC, INDIVIDUALLY AND D/B/A GOLDEN LIVINGCENTER SPRINGFIELD; GOLDEN GATE NATIONAL SENIOR CARE LLC, INDIVIDUALLY



AND D/B/A GOLDEN LIVING; GGNSC ADMINISTRATIVE SERVICES LLC, INDIVIDUALLY AND D/B/A GOLDEN VENTURES; GGNSC HOLDINGS LLC, INDIVIDUALLY AND D/B/A GOLDEN HORIZONS; GOLDEN GATE ANCILLARY LLC, INDIVIDUALLY AND D/B/A GOLDEN INNOVATIONS; GGNSC CLINICAL SERVICES, LLC, INDIVIDUALLY AND D/B/A GOLDEN CLINICAL SERVICES; AND GGNSC EQUITY HOLDINGS LLC OUTSIDE THE PRESENCE OF MY ATTORNEY.

All records obtained pursuant to this authorization shall be copied by the party obtaining them and a numbered copy shall be furnished to my counsel, John L. Norris, Fifth Third Center, 424 Church Street, Suite 1300, Nashville, Tennessee 37219, within ten (10) days after the records are obtained through the use of this authorization.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Should I desire to revoke this authorization, I must send written notice to the above-named health care providers. Unless otherwise revoked, a copy of this authorization shall be deemed as sufficient as the original for purposes of releasing the records and information. This authorization, including copies, shall be valid for one year from the date set forth below.

I understand that I am not required to sign this authorization.

The above-named health care provider(s) will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

I understand that if I authorize the release of Jimmie Marie Clay's health information to a recipient who is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by federal or state privacy laws.

A copy of the Order appointing me Co-Conservator of Jimmie Marie Clay is attached to this Authorization as is a copy of the Letters of Conservatorship.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

DATE: 5-9-2013

SIGNED: William S. Clay Co-Conservator and next friend of Jimmie Marie Clay  
William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

IN THE MATTER OF  
THE CONSERVATORSHIP OF:  
JIMMIE MARIE CLAY

2013 MAY -8 PM 2:34

RICHARD A. BOWMAN, CLERK

NO. 13P-671

ORDER APPOINTING CO-CONSERVATORS

This matter was heard on May 8, 2013, on the Petition filed by Petitioner's three (3) adult children to appoint Petitioners Joe Allen Clay and/or William S. Clay as Co-Conservators for their mother, Respondent Jimmie Marie Clay.

Based upon the facts stated in the sworn Petition, the sworn Report of Carol Cantrell M.D., the Report filed by attorney John C. Long as Guardian ad Litem, and statements of counsel, the Court finds:

(1) Respondent Jimmie Marie Clay (Ms. Clay"), whose domicile is Davidson County, was properly served with process by the Guardian ad Litem.

(2) Ms. Clay, age 94, is bedbound and is not verbally responsive.

(3) Ms. Clay is fully disabled and is in need Court assistance pursuant to Tenn. Code Ann. §§ 34-1-126; and 34-1-101(7). She is unable to make decisions about her physical well-being, her medical treatment, her relocation, or her financial affairs.

(4) Ms. Clay receives Medicaid/TennCare long-term care benefits; her monthly Social Security benefits (\$1,025.00) and VA pension (\$90.00) are used to pay her monthly care expenses.

(5) Joe Allen Clay and/or William S. Clay are appropriate persons to serve as their mother's Co-Conservators to make all necessary decisions on her behalf.



IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED:

1. Joe Allen Clay and/or William S. Clay are appointed as Co-Conservators for Respondent Jimmie Marie Clay, with authority to act either individually or together; Letters of Conservatorship shall be issued to Joe Allen Clay and/or William S. Clay.
2. The requirement of bond is waived in accordance with Tenn. Code Ann. § 34-1-105(b)(2).
3. Inventory, Property Management Plan, and annual accountings are also waived pursuant to Tenn. Code Ann. § 34-1-111(h)(1). The Co-Conservators shall file an annual status report with the Probate Clerk.
4. Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to make all personal and healthcare decisions on behalf of Respondent, including the right to communicate with Respondent's medical and mental health providers, to consent to or to refuse any medical or mental health treatment and hospitalization, and to admit or discharge Respondent to or from any hospital or healthcare facility.
5. Further, Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to advocate for Respondent's health care needs, to obtain any and all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164, to examine Respondent's identifiable and otherwise confidential health information, and any medical or mental health-related records, and to disclose this information to third persons as necessary to protect or advocate for Respondent's interests.

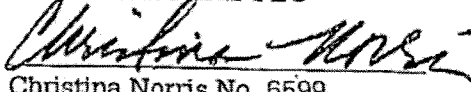
6. Next, Co-Conservators Joe Allen Clay and/or William S. Clay have full authority over Respondent's property and financial matters, including the right to make decisions about all of Respondent's financial affairs and to bring any cause of action on behalf of Respondent Jimmie Marie Clay.
7. Upon review of the affidavit filed by Christina Norris, attorney for Petitioners, Ms. Norris is awarded \$ 1,811.<sup>20</sup> for her services, to be charged to the property of Jimmie Marie Clay to be paid as funds may become available.
8. Based on the affidavit filed by attorney Chad Long, Mr. Long is awarded \$ 600.<sup>00</sup> for his services as Guardian ad Litem, which is charged to the property of Respondent Jimmie Marie Clay <sup>to be paid</sup> ~~as funds may~~ <sub>immediately as</sub> become available.

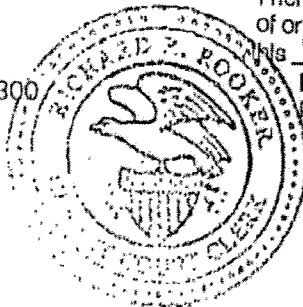
ENTERED this 8<sup>th</sup> day of May, 2013.

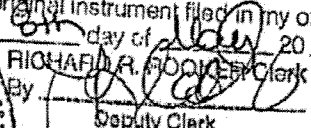
  
RANDY KENNEDY, JUDGE

APPROVED FOR ENTRY:

NORRIS & NORRIS PLC

  
Christina Norris No. 6599  
John L. Norris No. 6007  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, TN 37219  
(615) 627-3959  
Attorneys for Petitioners



I hereby certify that this is a true copy  
of original instrument filed in my office  
this 6<sup>th</sup> day of May, 2013  
By   
Richard E. Rooker, Clerk  
Deputy Clerk

CERTIFICATE OF SERVICE

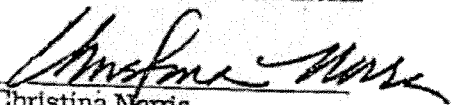
I hereby certify that on May 8, 2013, a copy of the foregoing Order was sent by U. S. mail, to:

Joe Allen Clay  
204 Claudia Dr.  
Old Hickory, TN 37138

William S. Clay  
197 London Lane  
Franklin, TN 37076

Richard Lee Clay  
3041 Quail Court  
Greenbrier, TN 37073

John Chadwick Long  
130 South Water Ave.  
Gallatin, TN 37066  
*Guardian ad Litem*

  
Christina Norris

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF CONSERVATORSHIP

Estate of Jimmie Marie Clay

Docket No. 13P671

To: JOE ALLEN CLAY AND/OR WILLIAM S. CLAY:

IT APPEARING to the Court that JIMMIE MARIE CLAY is in need of the appointment of a Fiduciary to manage the personal, mental, medical and financial affairs of this respondent and you having qualified according to law, and the Court having ordered that Letters issue:

THEREFORE, you, JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, are empowered to take full authority over the personal, mental and medical care of this person and to enter upon their property, to take into your possession, for the use and benefit of the aforementioned respondent, the assets of the respondent. Further, you are empowered to bring such suits or actions in relation thereto as may be deemed necessary and proper and in accordance with your duties, submit an Inventory within sixty (60) days of your appointment and file Annual Accountings pursuant to the statute, unless waived by this Court. Further, you must adhere to the Property Management Plan approved and adopted by the Court and make the necessary increases to the bond as required and at such time, make and prepare a Final Settlement of your accounts in this matter. HEREIN FAIL NOT.

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this May, 2013.

Order of MAY 8, 2013  
Without Bond

Richard R. Rooker, Clerk

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

[Signature] D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Conservatorship issued to JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, in this matter, and I do further certify that this person(s) is still acting as the court-appointed Fiduciary in this matter, and continues to be entitled to full faith and credit, as it appears from the records in my office at Nashville, Tennessee, this 9th day of May, 2013.

Richard R. Rooker, Clerk

[Signature] D.C.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

GGNSC Clinical Services LLC  
 individually and d/b/a Golden  
 Clinical Services  
 % Corporation Service Company  
 2908 Poston Avenue  
 Nashville, TN 37203-1312

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

C. D. Rife

☐ Agent☐ Addressee

## B. Received By (Printed Name)

## C. Date of Delivery

5/10/13

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7012 2920 0002 2890 2660

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™****CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

NASHVILLE TN 37203

Postage

\$10.86

Certified Fee

\$3.10

Return Receipt Fee  
(Endorsement Required)

MAY 09 2013

Restricted Delivery Fee  
(Endorsement Required)

\$0.00

Total Postage &amp; Fees

\$16.51

05/09/2013

GGNSC Clinical Services LLC Ind +  
 dba Golden Clinical Services  
 % Corporation Service Company  
 2908 Poston Ave. Nashville TN 37203

PS Form 3800, August 2006

See Reverse for Instructions



## Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to the United States Postal Service.  
 This form may be used for domestic and international mail.

From:

NORRIS &amp; NORRIS, PLC

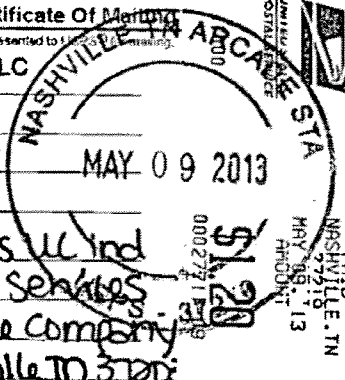
424 Church Street

Suite 1300

Nashville, TN 37219

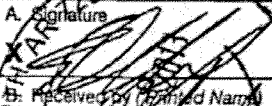
To:

GGNSC Clinical Services LLC Ind  
 dba Golden Clinical Services  
 % Corporation Service Company  
 2908 Poston Ave. Nashville TN 37203



PS Form 3817, April 2007 PSN 7530-02-000-9065



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p>Received by (Printed Name) _____</p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>GGNSC Clinical Services LLC</b>  <b>individually and d/b/a Golden</b>  <b>Clinical Services</b>  <b>1000 Fianna Way</b>  <b>Fort Smith, AR 72919-9008</b></p>		<p>C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label) <b>7011 2000 0002 5915 3631</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	10.00
Certified Fee	\$	3.50
Return Receipt Fee (Endorsement Required)	\$	2.55
Restricted Delivery Fee (Endorsement Required)	\$	0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>16.05</b>

**Postmark**  
 MAY 09 2013  
 05/09/2013

Sent To  
**GGNSC Clinical Services LLC**  
 Street, Apt. No.  
 dba Golden Clinical Services  
 City, State, ZIP+4  
**1000 Fianna Way Fort Smith AR 72919**

PS Form 3800, August 2006 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE®**

**Certificate of Mailing**

This Certificate of Mailing provides evidence that mail has been presented for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLC**  
 424 Church Street  
 Suite 1300  
 Nashville, TN 37219

To: **GGNSC Clinical Services LLC**  
 dba Golden Clinical Services  
 1000 Fianna Way  
 Fort Smith AR 72919-9008

**Postmark**  
 MAY 09 2013  
 05/09/2013

**U.S. POSTAGE PAID**  
 NASHVILLE, TN 37219  
 MAY 09 2013

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <u>Chase Brown</u></p> <p>B. Received by (Printed Name)  <u>Chase Brown</u></p> <p>C. Date of Delivery  <u>5-15-13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Golden Gate Clinical Services LLC          Individually and d/b/a Golden Clinical Services          7160 Dallas Parkway, Suite 400          Plano, TX 75024-7111</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number          (Transfer from service label) <u>7012 2920 0002 2890 2677</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

PLANO, TX 75024

**OFFICIAL USE**

Postage	\$	49.86	0297 CADE STA
Certified Fee		\$3.10	09
Return Receipt Fee (Endorsement Required)		\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	05/09/2013
Total Postage & Fees	\$	\$6.51	

Sent to: 66NSC Clinical Services LLC ind + dba  
Golden Clinical Services  
 Street, Apt. No.:  
7160 Dallas Pkwy, Ste. 400  
 City, State, ZIP+4:  
Plano TX 75024-7111

PS Form 3800, August 2009 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE**

Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to the post office for mailing. This form may be used for domestic and international mail.

From: NORRIS & NORRIS, PLC  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: 66NSC Clinical Services LLC ind  
+ dba Golden Clinical Services  
7160 Dallas Pkwy, Ste. 400  
Plano TX 75024-7111

Postage: \$12.20

U.S. POSTAGE PAID PERMIT NO. 7116 E. TN NASHVILLE, TN MAY 09 2013

PS Form 3817, April 2007 PSN 7530-02-000-9065

JOHN L. NORRIS  
john@norrislaw.net

Certified as a Civil Trial  
Specialist by the National  
Board of Trial Advocacy

CHRISTINA NORRIS  
chris@norrislaw.net

NORRIS & NORRIS PLC  
FIFTH THIRD CENTER  
424 CHURCH STREET, SUITE 1300  
NASHVILLE, TENNESSEE 37219-2301  
(615) 627-3959  
(615) 627-3962 FAX  
www.norrislaw.net

BARBARA MOSS  
Of Counsel  
bmoss@norrislaw.net

Paralegals:  
Kristen Mazzanti  
Melissa Ledford  
Debbie Wells

May 9, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Golden Gate Ancillary LLC, individually  
and d/b/a Golden Innovations  
1000 Fianna Way  
Legal Dept. - MD 4824  
Fort Smith, AR 72919-9008

Golden Gate Ancillary LLC, individually  
and d/b/a Golden Innovations  
c/o Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312

Golden Gate Ancillary LLC, individually  
and d/b/a Golden Innovations  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

RE: Patient whose treatment is at issue: Jimmie Marie Clay  
Date of Birth: January 5, 1919  
Name, address and relationship to  
the patient of the claimant: William S. Clay, Co-Conservator  
and Next Friend of Jimmie Marie  
Clay  
197 London Lane  
Franklin, TN 37067

Dear Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations:

I represent William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, and am his authorized agent. On behalf of Jimmie Marie Clay, William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, is asserting a potential claim for medical malpractice against Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations arising out of care provided to Jimmie Marie Clay at Golden LivingCenter Springfield from October 29, 2007 through July 26, 2012. Jimmie Marie Clay suffered injuries as a result of the care negligently rendered to her, including a Stage IV pressure sore to her left hip, injuries sustained on or about July 12, 2012 and injuries sustained in a fall on or about July 24, 2012. William S. Clay is a son of Jimmie Marie Clay.

Attached to this letter is a list of all health care providers to whom notice is being sent pursuant to T.C.A. § 29-26-121(a). Also attached is a HIPAA compliant medical authorization, with attached Order Appointing Co-Conservators, permitting

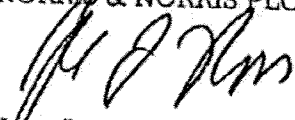
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations  
May 9, 2013  
Page - 2 -

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each provider receiving notice to obtain complete medical records from each other  
provider.

Sincerely yours,

NORRIS & NORRIS PLC



John L. Norris

JLN/ml

Enclosures: As stated.



LIST OF HEALTH CARE PROVIDERS TO WHOM NOTICE IS BEING  
GIVEN PURSUANT TO T.C.A. SECTION 29-26-121(a)

RE: Patient: Jimmie Marie Clay  
DOB: January 5, 1919

The below is a list of all healthcare providers to whom notice is being given, pursuant to T.C.A. Section 29-26-121(a), of a potential claim for medical malpractice:

GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 104 Watson Road Springfield, TN 37172	GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 1000 Fianna Way Fort Smith, AR 72919-0001
GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate National Senior Care LLC, individually and d/b/a Golden Living c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Administrative Services LLC individually and d/b/a Golden Ventures 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008
GGNSC Administrative Services LLC individually and d/b/a Golden Ventures c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 1000 Fianna Way Fort Smith, AR 72919-9008



GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	GGNSC Holdings LLC, individually and d/b/a Golden Horizons c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Equity Holdings LLC 1000 Fianna Way Fort Smith, AR 72919
GGNSC Equity Holdings LLC c/o Corporation Service Company 300 Spring Building, Suite 900 300 South Spring Street Little Rock, AR 72201	

**HIPAA COMPLIANT AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

TO: GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC

RE: JIMMIE MARIE CLAY

DATE OF BIRTH: January 5, 1919

SOCIAL SECURITY NO.: 409-30-2749

I, William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay, hereby authorize you to release to any representative of GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC any and all medical, care, evaluation or treatment records, including medical records received from other healthcare providers, nursing home records, clinic notes, office notes, doctors' progress reports, activities of daily living records, intake/output forms, clinical tests, respiratory care records, medication sheets, operative information, therapy records, all records prepared by nurses or nursing assistants, all nursing notes and information, transfer forms, ER information, consultations, radiology reports and/or X-rays, diagnostic testing reports, lab reports, pathology specimens and reports, admission information, pharmacy information, billing information and any other items or documents dealing with Jimmie Marie Clay's care, treatment and/or evaluation.

You are authorized to furnish this information even though the confidentiality of the information may be protected by Federal or State laws and regulations.

The purpose of the release of Jimmie Marie Clay's records is for review by GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC, for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY REPRESENTATIVE OF GGNSC SPRINGFIELD LLC, INDIVIDUALLY AND D/B/A GOLDEN LIVINGCENTER SPRINGFIELD; GOLDEN GATE NATIONAL SENIOR CARE LLC, INDIVIDUALLY

AND D/B/A GOLDEN LIVING; GGNSC ADMINISTRATIVE SERVICES LLC, INDIVIDUALLY AND D/B/A GOLDEN VENTURES; GGNSC HOLDINGS LLC, INDIVIDUALLY AND D/B/A GOLDEN HORIZONS; GOLDEN GATE ANCILLARY LLC, INDIVIDUALLY AND D/B/A GOLDEN INNOVATIONS; GGNSC CLINICAL SERVICES, LLC, INDIVIDUALLY AND D/B/A GOLDEN CLINICAL SERVICES; AND GGNSC EQUITY HOLDINGS LLC OUTSIDE THE PRESENCE OF MY ATTORNEY.

All records obtained pursuant to this authorization shall be copied by the party obtaining them and a numbered copy shall be furnished to my counsel, John L. Norris, Fifth Third Center, 424 Church Street, Suite 1300, Nashville, Tennessee 37219, within ten (10) days after the records are obtained through the use of this authorization.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Should I desire to revoke this authorization, I must send written notice to the above-named health care providers. Unless otherwise revoked, a copy of this authorization shall be deemed as sufficient as the original for purposes of releasing the records and information. This authorization, including copies, shall be valid for one year from the date set forth below.

I understand that I am not required to sign this authorization.

The above-named health care provider(s) will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

I understand that if I authorize the release of Jimmie Marie Clay's health information to a recipient who is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by federal or state privacy laws.

A copy of the Order appointing me Co-Conservator of Jimmie Marie Clay is attached to this Authorization as is a copy of the Letters of Conservatorship.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

DATE: 5-9-2013

SIGNED: William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay  
William S. Clay Co-Conservator and next friend of Jimmie Marie Clay

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

IN THE MATTER OF  
THE CONSERVATORSHIP OF:  
JIMMIE MARIE CLAY

2013 MAY -8 PM 2:34

RICHARD R. BROTHER, CLERK

NO. 13P-671

ORDER APPOINTING CO-CONSERVATORS

This matter was heard on May 8, 2013, on the Petition filed by Petitioner's three (3) adult children to appoint Petitioners Joe Allen Clay and/or William S. Clay as Co-Conservators for their mother, Respondent Jimmie Marie Clay.

Based upon the facts stated in the sworn Petition, the sworn Report of Carol Cantrell M.D., the Report filed by attorney John C. Long as Guardian ad Litem, and statements of counsel, the Court finds:

- (1) Respondent Jimmie Marie Clay (Ms. Clay"), whose domicile is Davidson County, was properly served with process by the Guardian ad Litem.
- (2) Ms. Clay, age 94, is bedbound and is not verbally responsive.
- (3) Ms. Clay is fully disabled and is in need Court assistance pursuant to Tenn. Code Ann. §§ 34-1-126; and 34-1-101(7). She is unable to make decisions about her physical well-being, her medical treatment, her relocation, or her financial affairs.
- (4) Ms. Clay receives Medicaid/TennCare long-term care benefits; her monthly Social Security benefits (\$1,025.00) and VA pension (\$90.00) are used to pay her monthly care expenses.
- (5) Joe Allen Clay and/or William S. Clay are appropriate persons to serve as their mother's Co-Conservators to make all necessary decisions on her behalf.



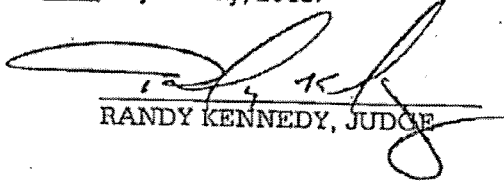
IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED:

1. Joe Allen Clay and/or William S. Clay are appointed as Co-Conservators for Respondent Jimmie Marie Clay, with authority to act either individually or together; Letters of Conservatorship shall be issued to Joe Allen Clay and/or William S. Clay.
2. The requirement of bond is waived in accordance with Tenn. Code Ann. § 34-1-105(b)(2).
3. Inventory, Property Management Plan, and annual accountings are also waived pursuant to Tenn. Code Ann. § 34-1-111(h)(1). The Co-Conservators shall file an annual status report with the Probate Clerk.
4. Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to make all personal and healthcare decisions on behalf of Respondent, including the right to communicate with Respondent's medical and mental health providers, to consent to or to refuse any medical or mental health treatment and hospitalization, and to admit or discharge Respondent to or from any hospital or healthcare facility.
5. Further, Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to advocate for Respondent's health care needs, to obtain any and all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164, to examine Respondent's identifiable and otherwise confidential health information, and any medical or mental health-related records, and to disclose this information to third persons as necessary to protect or advocate for Respondent's interests.



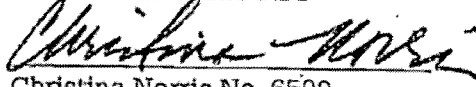
6. Next, Co-Conservators Joe Allen Clay and/or William S. Clay have full authority over Respondent's property and financial matters, including the right to make decisions about all of Respondent's financial affairs and to bring any cause of action on behalf of Respondent Jimmie Marie Clay.
7. Upon review of the affidavit filed by Christina Norris, attorney for Petitioners, Ms. Norris is awarded \$ 1,811.<sup>20</sup> for her services, to be charged to the property of Jimmie Marie Clay to be paid as funds may become available.
8. Based on the affidavit filed by attorney Chad Long, Mr. Long is awarded \$ 600.<sup>00</sup> for his services as Guardian ad Litem, which is charged to the property of Respondent Jimmie Marie Clay <sup>to be paid</sup> ~~as funds may~~ <sup>immediately as</sup> ~~become available.~~

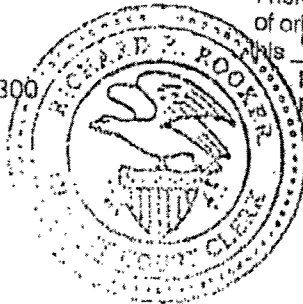
ENTERED this 8<sup>th</sup> day of May, 2013.

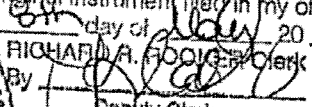
  
RANDY KENNEDY, JUDGE

APPROVED FOR ENTRY:

NORRIS & NORRIS PLC

  
Christina Norris No. 6599  
John L. Norris No. 6007  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, TN 37219  
(615) 627-3959  
Attorneys for Petitioners



I hereby certify that this is a true copy  
of original instrument filed in my office  
this 8<sup>th</sup> day of May, 2013  
By   
Richard A. Fooker, Clerk  
Deputy Clerk

CERTIFICATE OF SERVICE

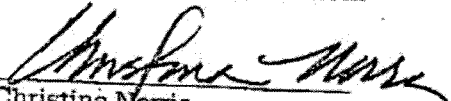
I hereby certify that on May 8, 2013, a copy of the foregoing Order was sent by U. S. mail, to:

Joe Allen Clay  
204 Claudia Dr.  
Old Hickory, TN 37138

William S. Clay  
197 London Lane  
Franklin, TN 37078

Richard Lee Clay  
3041 Quail Court  
Greenbrier, TN 37073

John Chadwick Long  
130 South Water Ave.  
Gallatin, TN 37066  
*Guardian ad Litem*

  
Christina Norris

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF CONSERVATORSHIP

Estate of Jimmie Marie Clay

Docket No. 13P671

To: JOE ALLEN CLAY AND/OR WILLIAM S. CLAY;

IT APPEARING to the Court that JIMMIE MARIE CLAY is in need of the appointment of a Fiduciary to manage the personal, mental, medical and financial affairs of this respondent and you having qualified according to law, and the Court having ordered that Letters issue:

THEREFORE, you, JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, are empowered to take full authority over the personal, mental and medical care of this person and to enter upon their property, to take into your possession, for the use and benefit of the aforementioned respondent, the assets of the respondent. Further, you are empowered to bring such suits or actions in relation thereto as may be deemed necessary and proper and in accordance with your duties, submit an Inventory within sixty (60) days of your appointment and file Annual Accountings pursuant to the statute, unless waived by this Court. Further, you must adhere to the Property Management Plan approved and adopted by the Court and make the necessary increases to the bond as required and at such time, make and prepare a Final Settlement of your accounts in this matter. HEREIN FAIL NOT.

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this May, 2013.

Order of MAY 8, 2013  
Without Bond

Richard R. Rooker, Clerk

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Conservatorship issued to JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, in this matter, and I do further certify that this person(s) is still acting as the court-appointed Fiduciary in this matter, and continues to be entitled to full faith and credit, as it appears from the records in my office at Nashville, Tennessee, this 9th day of May, 2013.

Richard R. Rooker, Clerk

D.C.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>5/10/13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p>Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations % Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>	
<p>2. Article Number (Transfer from service label) <b>7012 2920 0002 2890 2622</b></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

NASHVILLE TN 37203

Postage	\$0.86	0292
Certified Fee	\$3.10	09
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.51	05/09/2013

Sent to: **Golden Gate Ancillary LLC ind dba Golden Innovations**  
 Street Apt. No.: \_\_\_\_\_  
 City State ZIP+4: **2908 Poston Ave. Nashville TN 37203-1312**

PS Form 3800, August 2005 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE** Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to the post office for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLC**  
 424 Church Street  
 Suite 1300  
 Nashville, TN 37219

To: **Golden Gate Ancillary LLC ind dba Golden Innovations**  
 % Corporation Service Company  
 2908 Poston Ave. Nashville TN 37203

**NASHVILLE TN 37203**  
**MAY 09 2013**

**\$1.20**  
 MAY 09 2013  
 U.S. POSTAGE PAID NASHVILLE, TN 37203  
 00027711-B9

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Golden Gate Ancillary LLC individually and d/b/a Golden Innovations 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008</p>		<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label) <b>7012 2920 0002 2840 2653</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102506-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL TURKEY**

Postage	\$ 10.86	<p>0297 09</p> <p>Postmark Here</p> <p>05/09/2013</p>
Certified Fee	\$ 3.10	
Return Receipt Fee (Endorsement Required)	\$ 2.55	
Restricted Delivery Fee (Endorsement Required)	\$ 10.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 26.51</b>	

Sent To: **Golden Gate Ancillary LLC ind. d/b/a Golden Innovations**  
Street, Apt. No.: **1000 Fianna Way, Legal Dept. MD 4824**  
City, State, ZIP+4: **Fort Smith AR 72919-9008**

PS Form 3800, August 2005 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE** Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to the post office for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLC**  
**424 Church Street**  
**Suite 1300**  
**Nashville, TN 37219**

To: **Golden Gate Ancillary LLC ind. d/b/a Golden Innovations**  
**1000 Fianna Way Legal Dept MD**  
**Fort Smith AR 72919-9008**

**\$120**

**MAY 09 2013**

**U.S. POSTAGE PAID NASHVILLE, TN 37219 MAY 09 13**

PS Form 3817, April 2007 PSN 7530-02-000-9065



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Golden Gate Ancillary LLC individually  
and d/b/a Golden Innovations  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name) CHASE BROWN C. Date of Delivery 5-15-13

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☒ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7012 2920 0002 2890 2646

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

PLANO TX 75024

**OFFICIAL**

Postage	\$ 8
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.50
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$14.51

Sent To: Golden Gate Ancillary LLC  
Golden Innovations  
Street, Apt. No.: 7160 Dallas Pkwy. Ste. 400  
City, State, ZIP+4: Plano TX 75024-7111

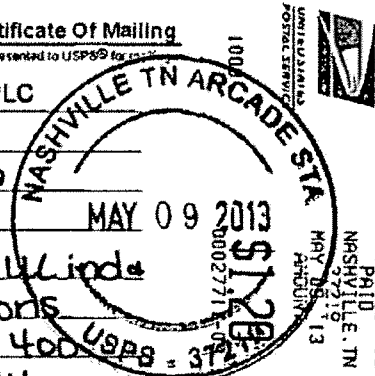
PS Form 3800, August 2008 See Reverse for Instructions


**Certificate of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing. This form may be used for domestic and international mail.

From: NORRIS & NORRIS, PLC  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: Golden Gate Ancillary LLC  
dba Golden Innovations  
7160 Dallas Pkwy. Ste. 400  
Plano TX 75024-7111



PS Form 3817, April 2007 PSN 7530-02-000-9065

JOHN L. NORRIS  
john@norrislaw.net

Certified as a Civil Trial  
Specialist by the National  
Board of Trial Advocacy

CHRISTINA NORRIS  
chris@norrislaw.net

NORRIS & NORRIS PLC  
FIFTH THIRD CENTER  
424 CHURCH STREET, SUITE 1300  
NASHVILLE, TENNESSEE 37219-2301  
(615) 627-3959  
(615) 627-3962 FAX  
www.norrislaw.net

BARBARA MOSS  
Of Counsel  
bmoss@norrislaw.net

Paralegals:  
Kristen Mazzanti  
Melissa Ledford  
Debbie Wells

May 9, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

GGNSC Springfield LLC, individually and  
d/b/a Golden LivingCenter Springfield  
104 Watson Road  
Springfield, TN 37172

GGNSC Springfield LLC, individually and  
d/b/a Golden LivingCenter Springfield  
c/o Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312

GGNSC Springfield LLC, individually and  
d/b/a Golden LivingCenter Springfield  
1000 Fianna Way  
Fort Smith, AR 72919-0001

GGNSC Springfield LLC, individually and  
d/b/a Golden LivingCenter Springfield  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

RE: Patient whose treatment is at issue: Jimmie Marie Clay  
Date of Birth: January 5, 1919  
Name, address and relationship to  
the patient of the claimant: William S. Clay, Co-Conservator  
and Next Friend of Jimmie Marie  
Clay  
197 London Lane  
Franklin, TN 37067

Dear GGNSC Springfield, LLC, individually and d/b/a Golden Living Center  
Springfield:

I represent William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, and am his authorized agent. On behalf of Jimmie Marie Clay, William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, is asserting a potential claim for medical malpractice against GGNSC Springfield, LLC, individually and d/b/a Golden LivingCenter Springfield arising out of care provided to Jimmie Marie Clay at Golden LivingCenter Springfield from October 29, 2007 through July 26, 2012. Jimmie Marie Clay suffered injuries as a result of the care negligently rendered to her, including a Stage IV pressure sore to her left hip, injuries sustained on or about July 12, 2012 and injuries sustained in a fall on or about July 24, 2012. William S. Clay is a son of Jimmie Marie Clay.

Attached to this letter is a list of all health care providers to whom notice is being sent pursuant to T.C.A. § 29-26-121(a). Also attached is a HIPAA compliant

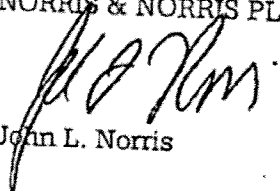
GGNSC Springfield, LLC, individually and d/b/a Golden Living Center Springfield  
May 9, 2013  
Page - 2 -

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medical authorization, with attached Order Appointing Co-Conservators, permitting each provider receiving notice to obtain complete medical records from each other provider.

Sincerely yours,

NORRIS & NORRIS PLC



Jean L. Norris

JLN/ml

Enclosures: As stated.

LIST OF HEALTH CARE PROVIDERS TO WHOM NOTICE IS BEING  
GIVEN PURSUANT TO T.C.A. SECTION 29-26-121(a)

RE: Patient: Jimmie Marie Clay  
DOB: January 5, 1919

The below is a list of all healthcare providers to whom notice is being given, pursuant to T.C.A. Section 29-26-121(a), of a potential claim for medical malpractice:

GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 104 Watson Road Springfield, TN 37172	GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 1000 Fianna Way Fort Smith, AR 72919-0001
GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate National Senior Care LLC, individually and d/b/a Golden Living c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Administrative Services LLC individually and d/b/a Golden Ventures 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008
GGNSC Administrative Services LLC individually and d/b/a Golden Ventures c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 1000 Fianna Way Fort Smith, AR 72919-9008

GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	GGNSC Holdings LLC, individually and d/b/a Golden Horizons c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Equity Holdings LLC 1000 Fianna Way Fort Smith, AR 72919
GGNSC Equity Holdings LLC c/o Corporation Service Company 300 Spring Building, Suite 900 300 South Spring Street Little Rock, AR 72201	



HIPAA COMPLIANT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC

RE: JIMMIE MARIE CLAY

DATE OF BIRTH: January 5, 1919

SOCIAL SECURITY NO.: 409-30-2749

I, William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay, hereby authorize you to release to any representative of GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC any and all medical, care, evaluation or treatment records, including medical records received from other healthcare providers, nursing home records, clinic notes, office notes, doctors' progress reports, activities of daily living records, intake/output forms, clinical tests, respiratory care records, medication sheets, operative information, therapy records, all records prepared by nurses or nursing assistants, all nursing notes and information, transfer forms, ER information, consultations, radiology reports and/or X-rays, diagnostic testing reports, lab reports, pathology specimens and reports, admission information, pharmacy information, billing information and any other items or documents dealing with Jimmie Marie Clay's care, treatment and/or evaluation.

You are authorized to furnish this information even though the confidentiality of the information may be protected by Federal or State laws and regulations.

The purpose of the release of Jimmie Marie Clay's records is for review by GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC, for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY REPRESENTATIVE OF GGNSC SPRINGFIELD LLC, INDIVIDUALLY AND D/B/A GOLDEN LIVINGCENTER SPRINGFIELD; GOLDEN GATE NATIONAL SENIOR CARE LLC, INDIVIDUALLY

AND D/B/A GOLDEN LIVING; GGNSC ADMINISTRATIVE SERVICES LLC, INDIVIDUALLY AND D/B/A GOLDEN VENTURES; GGNSC HOLDINGS LLC, INDIVIDUALLY AND D/B/A GOLDEN HORIZONS; GOLDEN GATE ANCILLARY LLC, INDIVIDUALLY AND D/B/A GOLDEN INNOVATIONS; GGNSC CLINICAL SERVICES, LLC, INDIVIDUALLY AND D/B/A GOLDEN CLINICAL SERVICES; AND GGNSC EQUITY HOLDINGS LLC OUTSIDE THE PRESENCE OF MY ATTORNEY.

All records obtained pursuant to this authorization shall be copied by the party obtaining them and a numbered copy shall be furnished to my counsel, John L. Norris, Fifth Third Center, 424 Church Street, Suite 1300, Nashville, Tennessee 37219, within ten (10) days after the records are obtained through the use of this authorization.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Should I desire to revoke this authorization, I must send written notice to the above-named health care providers. Unless otherwise revoked, a copy of this authorization shall be deemed as sufficient as the original for purposes of releasing the records and information. This authorization, including copies, shall be valid for one year from the date set forth below.

I understand that I am not required to sign this authorization.

The above-named health care provider(s) will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

I understand that if I authorize the release of Jimmie Marie Clay's health information to a recipient who is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by federal or state privacy laws.

A copy of the Order appointing me Co-Conservator of Jimmie Marie Clay is attached to this Authorization as is a copy of the Letters of Conservatorship.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

DATE: 5-09-2013

SIGNED: William S. Clay CO-Conservator and next friend of Jimmie Marie Clay  
William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

IN THE MATTER OF

THE CONSERVATORSHIP OF:

JIMMIE MARIE CLAY

2013 MAY -8 PM 2:34

RICHARD R. SOMMER, CLERK

NO. 13P-671

ORDER APPOINTING CO-CONSERVATORS

This matter was heard on May 8, 2013, on the Petition filed by Petitioner's three (3) adult children to appoint Petitioners Joe Allen Clay and/or William S. Clay as Co-Conservators for their mother, Respondent Jimmie Marie Clay.

Based upon the facts stated in the sworn Petition, the sworn Report of Carol Cantrell M.D., the Report filed by attorney John C. Long as Guardian ad Litem, and statements of counsel, the Court finds:

(1) Respondent Jimmie Marie Clay (Ms. Clay"), whose domicile is Davidson County, was properly served with process by the Guardian ad Litem.

(2) Ms. Clay, age 94, is bedbound and is not verbally responsive.

(3) Ms. Clay is fully disabled and is in need Court assistance pursuant to Tenn. Code Ann. §§ 34-1-126; and 34-1-101(7). She is unable to make decisions about her physical well-being, her medical treatment, her relocation, or her financial affairs.

(4) Ms. Clay receives Medicaid/TennCare long-term care benefits; her monthly Social Security benefits (\$1,025.00) and VA pension (\$90.00) are used to pay her monthly care expenses.

(5) Joe Allen Clay and/or William S. Clay are appropriate persons to serve as their mother's Co-Conservators to make all necessary decisions on her behalf.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED:

1. Joe Allen Clay and/or William S. Clay are appointed as Co-Conservators for Respondent Jimmie Marie Clay, with authority to act either individually or together; Letters of Conservatorship shall be issued to Joe Allen Clay and/or William S. Clay.
2. The requirement of bond is waived in accordance with Tenn. Code Ann. § 34-1-105(b)(2).
3. Inventory, Property Management Plan, and annual accountings are also waived pursuant to Tenn. Code Ann. § 34-1-111(h)(1). The Co-Conservators shall file an annual status report with the Probate Clerk.
4. Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to make all personal and healthcare decisions on behalf of Respondent, including the right to communicate with Respondent's medical and mental health providers, to consent to or to refuse any medical or mental health treatment and hospitalization, and to admit or discharge Respondent to or from any hospital or healthcare facility.
5. Further, Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to advocate for Respondent's health care needs, to obtain any and all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164, to examine Respondent's identifiable and otherwise confidential health information, and any medical or mental health-related records, and to disclose this information to third persons as necessary to protect or advocate for Respondent's interests.



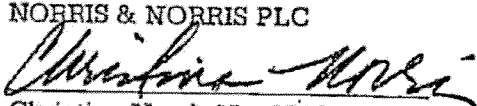
6. Next, Co-Conservators Joe Allen Clay and/or William S. Clay have full authority over Respondent's property and financial matters, including the right to make decisions about all of Respondent's financial affairs and to bring any cause of action on behalf of Respondent Jimmie Marie Clay.
7. Upon review of the affidavit filed by Christina Norris, attorney for Petitioners, Ms. Norris is awarded \$ 1,811.<sup>20</sup> for her services, to be charged to the property of Jimmie Marie Clay to be paid as funds may become available.
8. Based on the affidavit filed by attorney Chad Long, Mr. Long is awarded \$ 600.<sup>00</sup> for his services as Guardian ad Litem, which is charged to the property of Respondent Jimmie Marie Clay <sup>to be paid</sup> ~~as funds may~~ <sup>immediately as</sup> ~~become available.~~

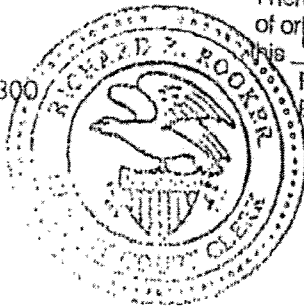
ENTERED this 8<sup>th</sup> day of May, 2013.

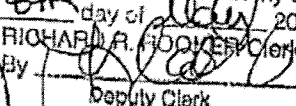
  
RANDY KENNEDY, JUDGE

APPROVED FOR ENTRY:

NORRIS & NORRIS PLC

  
Christina Norris No. 6599  
John L. Norris No. 6007  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, TN 37219  
(615) 627-3959  
Attorneys for Petitioners



I hereby certify that this is a true copy  
of original instrument filed in my office  
this 8<sup>th</sup> day of May, 2013  
By RICHARD E. ROOKER Clerk  
  
Deputy Clerk



CERTIFICATE OF SERVICE

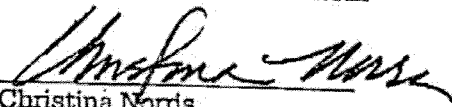
I hereby certify that on May 8, 2013, a copy of the foregoing Order was sent by U. S. mail, to:

Joe Allen Clay  
204 Claudia Dr.  
Old Hickory, TN 37138

William S. Clay  
197 London Lane  
Franklin, TN 37076

Richard Lee Clay  
3041 Quail Court  
Greenbrier, TN 37073

John Chadwick Long  
130 South Water Ave.  
Gallatin, TN 37066  
*Guardian ad Litem*

  
Christina Norris

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF CONSERVATORSHIP

Estate of Jimmie Marie Clay

Docket No. 13P671

To: JOE ALLEN CLAY AND/OR WILLIAM S. CLAY;

IT APPEARING to the Court that JIMMIE MARIE CLAY is in need of the appointment of a Fiduciary to manage the personal, mental, medical and financial affairs of this respondent and you having qualified according to law, and the Court having ordered that Letters issue:

THEREFORE, you, JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, are empowered to take full authority over the personal, mental and medical care of this person and to enter upon their property, to take into your possession, for the use and benefit of the aforementioned respondent, the assets of the respondent. Further, you are empowered to bring such suits or actions in relation thereto as may be deemed necessary and proper and in accordance with your duties, submit an Inventory within sixty (60) days of your appointment and file Annual Accountings pursuant to the statute, unless waived by this Court. Further, you must adhere to the Property Management Plan approved and adopted by the Court and make the necessary increases to the bond as required and at such time, make and prepare a Final Settlement of your accounts in this matter. HEREIN FAIL NOT.

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this May, 2013.

Order of MAY 8, 2013  
Without Bond

Richard R. Rooker, Clerk

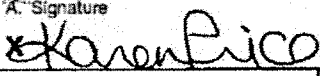
STATE OF TENNESSEE  
COUNTY OF DAVIDSON.

[Signature] D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Conservatorship issued to JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, in this matter, and I do further certify that this person(s) is still acting as the court-appointed Fiduciary in this matter, and continues to be entitled to full faith and credit, as it appears from the records in my office at Nashville, Tennessee, this 9th day of May, 2013.

Richard R. Rooker, Clerk

[Signature] D.C.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 104 Watson Road Springfield, TN 37172		B. Received by (Printed Name)	C. Date of Delivery 5-10-13
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7011 2000 0002 5915 3914		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

SPRINGFIELD TN 37172

**OFFICIAL USE**

Postage	\$ 10.86	0297
Certified Fee	\$ 3.10	09
Return Receipt Fee (Endorsement Required)	\$ 2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 16.51	05/09/2013

Sent To  
GGNSC Springfield LLC ind. d/b/a  
Golden LivingCenter Springfield  
104 Watson Rd., Springfield TN 37172

PS Form 3800, August 2008 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE**

**Certificate of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLC**  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: **GGNSC Springfield LLC ind. d/b/a**  
Golden LivingCenter Springfield  
104 Watson Road  
Springfield TN 37172

U.S. POSTAGE  
PAID  
NASHVILLE, TN  
37218  
MAY 09 13  
\$1.20  
000277-09

PS Form 3817, April 2007 PSN 7530-02-000-9065

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GGNSC Springfield LLC,  
individually and d/b/a Golden  
LivingCenter Springfield  
% Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312

2. Article Number

(Transfer from service label)

7012 2920 0002 2890 2530

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x C. Mays ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

NASHVILLE, TN 37203

**OFFICIAL USE**

Postage	\$ 40.86	0297
Certified Fee	\$ 3.10	09
Return Receipt Fee (Endorsement Required)	\$ 2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 46.51	05/09/2013

Sent To  
GGNSC Springfield LLC, ind. d/b/a  
Golden Living Center Springfield  
% Corporation Service Company  
2908 Poston Ave., Nashville TN 37203

PS Form 3800, August 2008 See reverse for instructions

**UNITED STATES POSTAL SERVICE<sup>®</sup>**

**Certificate of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing. This form may be used for any class of mail.


From: **NORRIS & NORRIS, PLC**  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: **GGNSC Springfield LLC, ind. d/b/a**  
**Golden Living Center Springfield**  
**% Corporation Service Company**  
2908 Poston Ave., Nashville TN 37203

U.S. POSTAGE  
PAID  
NASHVILLE, TN  
37219  
MAY 09, 2013  
\$1.20  
00027411-09

PS Form 3817, April 2007 PSN 7530-02-000-9065



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p>GGNSC Springfield LLC,          individually and d/b/a Golden          LivingCenter Springfield          1000 Fiana Way          Fort Smith, AR 72919-0001</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <b>7011 2000 0002 5915 3921</b></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 0.86	0297
Certified Fee	\$3.10	09
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.51	

05/09/2013

Sent to: **GGNSC Springfield LLC ind. d/b/a**  
 Street Apt. No.: **Golden LivingCenter Springfield**  
 City, State, ZIP+4: **1000 Fiana Way, Fort Smith AR 72919**

PS Form 3800, August 2005 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE** Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to the post office for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLLC**  
**424 Church Street**  
**Suite 1300**  
**Nashville, TN 37219**

To: **GGNSC Springfield LLC ind. d/b/a**  
**Golden LivingCenter Springfield**  
**1000 Fiana Way**  
**Fort Smith, AR 72919-0001**

U.S. POSTAGE PAID  
 PERMIT NO. 1000  
 NASHVILLE, TN  
 MAY 09, 2013  
 \$1.20  
 0002711-09

PS Form 3817, April 2007 PSN 7530-02-000-9065



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GGNSC Springfield LLC,  
individually and d/b/a Golden  
LivingCenter Springfield  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☐ Addressee  
*Chase Brown*

B. Received by (Printed Name) *Chase Brown*

C. Date of Delivery *5-15-13*

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7012 2920 0002 2890 2547

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	0.10
Certified Fee	\$	5.10
Return Receipt Fee (Endorsement Required)	\$	2.55
Restricted Delivery Fee (Endorsement Required)	\$	0.00
Total Postage & Fees	\$	6.51

Postmark: *NASHVILLE TN MAY 09 2013*

Sent to:  
 GGNSC Springfield LLC ind. d/b/a  
 Golden LivingCenter Springfield  
 7160 Dallas Pkwy. Ste. 400  
 Plano, TX 75024-7111

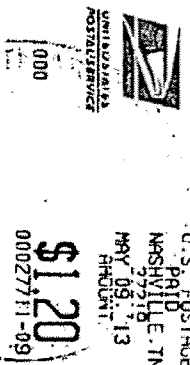
PS Form 3800, August 2006 See Reverse for Instructions


**Certificate Of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: *Norris & Norris PLC*  
*424 Church St*  
*St. 1300*  
*Nashville, TN 37219*

To: *GGNSC Springfield LLC ind. d/b/a*  
*Golden LivingCenter Springfield*  
*7160 Dallas Pkwy. Ste 400*  
*Plano TX 75024-7111*



PS Form 3817, April 2007 PSN 7530-02-000-9065

JOHN L. NORRIS  
john@norrslaw.net

Certified as a Civil Trial  
Specialist by the National  
Board of Trial Advocacy

CHRISTINA NORRIS  
chris@norrslaw.net

NORRIS & NORRIS PLC  
FIFTH THIRD CENTER  
424 CHURCH STREET, SUITE 1300  
NASHVILLE, TENNESSEE 37219-2301  
(615) 627-3959  
(615) 627-3962 FAX  
www.norrslaw.net

BARBARA MOSS  
Of Counsel  
bmoss@norrslaw.net

Paralegals:  
Kristen Mazzanti  
Melissa Ledford  
Debbie Wells

May 9, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Golden Gate National Senior Care LLC,  
individually and d/b/a Golden Living  
1000 Fianna Way  
Legal Dept. - MD 4824  
Fort Smith, AR 72919-9008

Golden Gate National Senior Care LLC,  
individually and d/b/a Golden Living  
c/o Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312

Golden Gate National Senior Care LLC,  
individually and d/b/a Golden Living  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

RE: Patient whose treatment is at issue:

Jimmie Marie Clay  
Date of Birth: January 5, 1919

Name, address and relationship to  
the patient of the claimant:

William S. Clay, Co-Conservator  
and Next Friend of Jimmie Marie  
Clay  
197 London Lane  
Franklin, TN 37067

Dear Golden Gate National Senior Care LLC, individually and d/b/a Golden Living:

I represent William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, and am his authorized agent. On behalf of Jimmie Marie Clay, William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, is asserting a potential claim for medical malpractice against Golden Gate National Senior Care LLC, individually and d/b/a Golden Living arising out of care provided to Jimmie Marie Clay at Golden LivingCenter Springfield from October 29, 2007 through July 26, 2012. Jimmie Marie Clay suffered injuries as a result of the care negligently rendered to her, including a Stage IV pressure sore to her left hip, injuries sustained on or about July 12, 2012 and injuries sustained in a fall on or about July 24, 2012. William S. Clay is a son of Jimmie Marie Clay.

Attached to this letter is a list of all health care providers to whom notice is being sent pursuant to T.C.A. § 29-26-121(a). Also attached is a HIPAA compliant medical authorization, with attached Order Appointing Co-Conservators, permitting

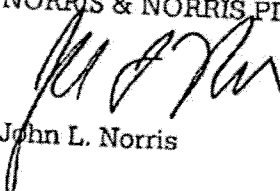
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living  
May 9, 2013  
Page - 2 -

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each provider receiving notice to obtain complete medical records from each other  
provider.

Sincerely yours,

NORRIS & NORRIS, PLC



John L. Norris

JLN/ml

Enclosures: As stated.

LIST OF HEALTH CARE PROVIDERS TO WHOM NOTICE IS BEING  
GIVEN PURSUANT TO T.C.A. SECTION 29-26-121(a)

RE: Patient: Jimmie Marie Clay  
DOB: January 5, 1919

The below is a list of all healthcare providers to whom notice is being given, pursuant to T.C.A. Section 29-26-121(a), of a potential claim for medical malpractice:

GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 104 Watson Road Springfield, TN 37172	GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 1000 Fianna Way Fort Smith, AR 72919-0001
GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate National Senior Care LLC, individually and d/b/a Golden Living c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Administrative Services LLC individually and d/b/a Golden Ventures 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008
GGNSC Administrative Services LLC individually and d/b/a Golden Ventures c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 1000 Fianna Way Fort Smith, AR 72919-9008

GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	GGNSC Holdings LLC, individually and d/b/a Golden Horizons c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Equity Holdings LLC 1000 Fianna Way Fort Smith, AR 72919
GGNSC Equity Holdings LLC c/o Corporation Service Company 300 Spring Building, Suite 900 300 South Spring Street Little Rock, AR 72201	



HIPAA COMPLIANT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC

RE: JIMMIE MARIE CLAY

DATE OF BIRTH: January 5, 1919

SOCIAL SECURITY NO.: 409-30-2749

I, William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay, hereby authorize you to release to any representative of GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC any and all medical, care, evaluation or treatment records, including medical records received from other healthcare providers, nursing home records, clinic notes, office notes, doctors' progress reports, activities of daily living records, intake/output forms, clinical tests, respiratory care records, medication sheets, operative information, therapy records, all records prepared by nurses or nursing assistants, all nursing notes and information, transfer forms, ER information, consultations, radiology reports and/or X-rays, diagnostic testing reports, lab reports, pathology specimens and reports, admission information, pharmacy information, billing information and any other items or documents dealing with Jimmie Marie Clay's care, treatment and/or evaluation.

You are authorized to furnish this information even though the confidentiality of the information may be protected by Federal or State laws and regulations.

The purpose of the release of Jimmie Marie Clay's records is for review by GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC, for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY REPRESENTATIVE OF GGNSC SPRINGFIELD LLC, INDIVIDUALLY AND D/B/A GOLDEN LIVINGCENTER SPRINGFIELD; GOLDEN GATE NATIONAL SENIOR CARE LLC, INDIVIDUALLY

AND D/B/A GOLDEN LIVING; GGNSC ADMINISTRATIVE SERVICES LLC, INDIVIDUALLY AND D/B/A GOLDEN VENTURES; GGNSC HOLDINGS LLC, INDIVIDUALLY AND D/B/A GOLDEN HORIZONS; GOLDEN GATE ANCILLARY LLC, INDIVIDUALLY AND D/B/A GOLDEN INNOVATIONS; GGNSC CLINICAL SERVICES, LLC, INDIVIDUALLY AND D/B/A GOLDEN CLINICAL SERVICES; AND GGNSC EQUITY HOLDINGS LLC OUTSIDE THE PRESENCE OF MY ATTORNEY.

All records obtained pursuant to this authorization shall be copied by the party obtaining them and a numbered copy shall be furnished to my counsel, John L. Norris, Fifth Third Center, 424 Church Street, Suite 1300, Nashville, Tennessee 37219, within ten (10) days after the records are obtained through the use of this authorization.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Should I desire to revoke this authorization, I must send written notice to the above-named health care providers. Unless otherwise revoked, a copy of this authorization shall be deemed as sufficient as the original for purposes of releasing the records and information. This authorization, including copies, shall be valid for one year from the date set forth below.

I understand that I am not required to sign this authorization.

The above-named health care provider(s) will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

I understand that if I authorize the release of Jimmie Marie Clay's health information to a recipient who is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by federal or state privacy laws.

A copy of the Order appointing me Co-Conservator of Jimmie Marie Clay is attached to this Authorization as is a copy of the Letters of Conservatorship.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

DATE: 5-9-2013

SIGNED: William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay  
William S. Clay Co-Conservator and next friend of Jimmie Marie Clay

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

IN THE MATTER OF  
THE CONSERVATORSHIP OF:  
JIMMIE MARIE CLAY

2013 MAY -8 PM 2:34

RICHARD ROSSMER, CLERK

NO. 13P-671

ORDER APPOINTING CO-CONSERVATORS

This matter was heard on May 8, 2013, on the Petition filed by Petitioner's three (3) adult children to appoint Petitioners Joe Allen Clay and/or William S. Clay as Co-Conservators for their mother, Respondent Jimmie Marie Clay.

Based upon the facts stated in the sworn Petition, the sworn Report of Carol Cantrell M.D., the Report filed by attorney John C. Long as Guardian ad Litem, and statements of counsel, the Court finds:

- (1) Respondent Jimmie Marie Clay (Ms. Clay"), whose domicile is Davidson County, was properly served with process by the Guardian ad Litem.
- (2) Ms. Clay, age 94, is bedbound and is not verbally responsive.
- (3) Ms. Clay is fully disabled and is in need Court assistance pursuant to Tenn. Code Ann. §§ 34-1-126; and 34-1-101(7). She is unable to make decisions about her physical well-being, her medical treatment, her relocation, or her financial affairs.
- (4) Ms. Clay receives Medicaid/TennCare long-term care benefits; her monthly Social Security benefits (\$1,025.00) and VA pension (\$90.00) are used to pay her monthly care expenses.
- (5) Joe Allen Clay and/or William S. Clay are appropriate persons to serve as their mother's Co-Conservators to make all necessary decisions on her behalf.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED:

1. Joe Allen Clay and/or William S. Clay are appointed as Co-Conservators for Respondent Jimmie Marie Clay, with authority to act either individually or together; Letters of Conservatorship shall be issued to Joe Allen Clay and/or William S. Clay.
2. The requirement of bond is waived in accordance with Tenn. Code Ann. § 34-1-105(b)(2).
3. Inventory, Property Management Plan, and annual accountings are also waived pursuant to Tenn. Code Ann. § 34-1-111(h)(1). The Co-Conservators shall file an annual status report with the Probate Clerk.
4. Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to make all personal and healthcare decisions on behalf of Respondent, including the right to communicate with Respondent's medical and mental health providers, to consent to or to refuse any medical or mental health treatment and hospitalization, and to admit or discharge Respondent to or from any hospital or healthcare facility.
5. Further, Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to advocate for Respondent's health care needs, to obtain any and all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164, to examine Respondent's identifiable and otherwise confidential health information, and any medical or mental health-related records, and to disclose this information to third persons as necessary to protect or advocate for Respondent's interests.



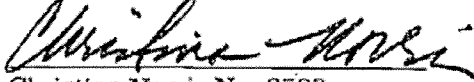
6. Next, Co-Conservators Joe Allen Clay and/or William S. Clay have full authority over Respondent's property and financial matters, including the right to make decisions about all of Respondent's financial affairs and to bring any cause of action on behalf of Respondent Jimmie Marie Clay.
7. Upon review of the affidavit filed by Christina Norris, attorney for Petitioners, Ms. Norris is awarded \$ 1,811.<sup>20</sup> for her services, to be charged to the property of Jimmie Marie Clay to be paid as funds may become available.
8. Based on the affidavit filed by attorney Chad Long, Mr. Long is awarded \$ 600.<sup>00</sup> for his services as Guardian ad Litem, which is charged to the property of Respondent Jimmie Marie Clay <sup>to be paid</sup> ~~as funds may~~ <sup>immediately as</sup> ~~become available.~~

ENTERED this 8<sup>th</sup> day of May, 2013.

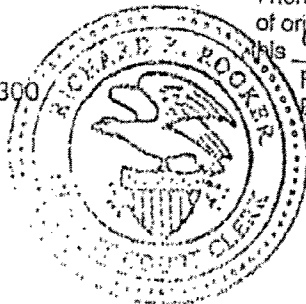
  
RANDY KENNEDY, JUDGE

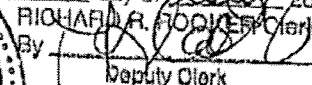
APPROVED FOR ENTRY:

NORRIS & NORRIS PLC



Christina Norris No. 6599  
John L. Norris No. 6007  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, TN 37219  
(615) 627-3959  
Attorneys for Petitioners



I hereby certify that this is a true copy  
of original instrument filed in my office  
this 8<sup>th</sup> day of May, 2013  
By RICHARD F. ROOKER Clerk  
  
Deputy Clerk



CERTIFICATE OF SERVICE

I hereby certify that on May 8, 2013, a copy of the foregoing Order was sent by U. S. mail, to:

Joe Allen Clay  
204 Claudia Dr.  
Old Hickory, TN 37138

William S. Clay  
197 London Lane  
Franklin, TN 37078

Richard Lee Clay  
3041 Quail Court  
Greenbrier, TN 37073

John Chadwick Long  
130 South Water Ave.  
Gallatin, TN 37066  
*Guardian ad Litem*

  
Christina Norris

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF CONSERVATORSHIP

Estate of Jimmie Marie Clay

Docket No. 13P671

To: JOE ALLEN CLAY AND/OR WILLIAM S. CLAY:

IT APPEARING to the Court that JIMMIE MARIE CLAY is in need of the appointment of a Fiduciary to manage the personal, mental, medical and financial affairs of this respondent and you having qualified according to law, and the Court having ordered that Letters issue:

THEREFORE, you, JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, are empowered to take full authority over the personal, mental and medical care of this person and to enter upon their property, to take into your possession, for the use and benefit of the aforementioned respondent, the assets of the respondent. Further, you are empowered to bring such suits or actions in relation thereto as may be deemed necessary and proper and in accordance with your duties, submit an Inventory within sixty (60) days of your appointment and file Annual Accountings pursuant to the statute, unless waived by this Court. Further, you must adhere to the Property Management Plan approved and adopted by the Court and make the necessary increases to the bond as required and at such time, make and prepare a Final Settlement of your accounts in this matter. HEREIN FAIL NOT.

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this May, 2013.

Order of MAY 8, 2013  
Without Bond

Richard R. Rooker, Clerk

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Conservatorship issued to JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, in this matter, and I do further certify that this person(s) is still acting as the court-appointed Fiduciary in this matter, and continues to be entitled to full faith and credit, as it appears from the records in my office at Nashville, Tennessee, this 9th day of May, 2013.

Richard R. Rooker, Clerk

D.C.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Golden Gate National Senior Care  
LLC, individually and d/b/a Golden  
Living  
% Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312

2. Article Number

(Transfer from service label)

7012 2920 0002 2890 2554

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-14-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/10/13

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

NASHVILLE TN 37203

7012 2920 0002 2890 2554

Postage	\$ 0.86
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.51

0297  
09  
Postmark  
Here  
05/09/2013

Sent To  
Golden Gate National Senior Care  
LLC ind dba Golden Living  
% Corporation Service Company  
2908 Poston Ave. Nashville TN 37203

PS Form 3800, August 2006

See Reverse for Instructions



**Certificate of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing. This form may be used for domestic and international mail.

From:

NORRIS & NORRIS, PLC  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To:

Golden Gate National Senior Care  
LLC ind dba Golden Living  
% Corporation Service Company  
2908 Poston Ave. Nashville TN 37203-13

U.S. POSTAGE  
PAID  
NASHVILLE, TN  
37219  
MAY 09 2013  
\$1.20  
00027711-09

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>Golden Gate National Senior Care LLC,  individually and d/b/a Golden Living  1000 Fianna Way  Legal Dept. - MD 4824  Fort Smith, AR 72919-9008</p>	<p>2. Article Number  (Transfer from service label) 7012 2920 0002 2890 2561</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	3.40
Certified Fee		09
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$	\$6.51

Postmark Here  
MAY 09 2013  
05/09/2013

Sent to: Golden Gate National Senior Care LLC  
Ind + dba Golden Living  
Street, Apt. No.: 1000 Fianna Way Legal Dept. MD 4824  
City, State, ZIP+4: Fort Smith AR 72919-9008

PS Form 3800, August 2006 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE®**

**Certificate of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLC**  
424 Church Street  
Suite 1900  
Nashville, TN 37219

To: **Golden Gate National Senior Care LLC**  
Ind + dba Golden Living  
1000 Fianna Way Legal Dept. MD  
Fort Smith AR 72919-9008

AMOUNT \$1.20  
0002711-09  
MAY 09 13  
U.S. POSTAGE PAID NASHVILLE, TN 37219

PS Form 3817, April 2007 PSN 7530-02-000-9065



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Chase Brown</i></p> <p>B. Received by (Printed Name)  <i>Chase Brown</i></p> <p>C. Date of Delivery  <i>5-15-13</i></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Golden Gate National Senior Care LLC,  Individually and d/b/a Golden Living  7160 Dallas Parkway, Suite 400  Plano, TX 75024-7111</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label) <b>7012 2920 0002 2890 2578</b></p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

PLANO TX 75024

Postage	\$10.86	0297
Certified Fee	\$3.10	09
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark May 09, 2013
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$16.51	05/09/2013

Sent to  
Golden Gate National Senior Care LLC  
Ind. dba Golden Living  
7160 Dallas Pkwy., Ste. 400  
Plano TX 75024-7111

PS Form 3800, August 2006 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE**  
Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been prepared for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLLC**  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: **Golden Gate National Senior Care LLC**  
Ind. dba Golden Living  
7160 Dallas Pkwy., Ste. 400  
Plano TX 75024-7111

Postage: \$12.00  
MAY 09 2013  
NASHVILLE, TN  
U.S. POSTAGE  
PAID  
NASHVILLE, TN  
MAY 09, 13  
FACILITY

PS Form 3817, April 2007 PSN 7530-02-000-9065



JOHN L. NORRIS  
john@norrislaw.net

Certified as a Civil Trial  
Specialist by the National  
Board of Trial Advocacy

CHRISTINA NORRIS  
chris@norrislaw.net

NORRIS & NORRIS PLC  
FIFTH THIRD CENTER  
424 CHURCH STREET, SUITE 1300  
NASHVILLE, TENNESSEE 37219-2301  
(615) 627-3959  
(615) 627-3962 FAX  
www.norrislaw.net

BARBARA MOSS  
Of Counsel  
bmoss@norrislaw.net

Paralegals:  
Kristen Mazzanti  
Melissa Ledford  
Debbie Wells

May 9, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

GGNSC Holdings LLC, individually and  
d/b/a Golden Horizons  
1000 Fianna Way  
Legal Dept. – MD 4824  
Fort Smith, AR 72919-9008

GGNSC Holdings LLC, individually and  
d/b/a Golden Horizons  
c/o Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312

GGNSC Holdings LLC, individually and  
d/b/a Golden Horizons  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

RE: Patient whose treatment is at issue: Jimmie Marie Clay  
Date of Birth: January 5, 1919  
Name, address and relationship to  
the patient of the claimant: William S. Clay, Co-Conservator  
and Next Friend of Jimmie Marie  
Clay  
197 London Lane  
Franklin, TN 37067

Dear GGNSC Holdings LLC, individually and d/b/a Golden Horizons:

I represent William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, and am his authorized agent. On behalf of Jimmie Marie Clay, William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, is asserting a potential claim for medical malpractice against GGNSC Holdings, LLC, individually and d/b/a Golden Horizons arising out of care provided to Jimmie Marie Clay at Golden LivingCenter Springfield from October 29, 2007 through July 26, 2012. Jimmie Marie Clay suffered injuries as a result of the care negligently rendered to her, including a Stage IV pressure sore to her left hip, injuries sustained on or about July 12, 2012 and injuries sustained in a fall on or about July 24, 2012. William S. Clay is a son of Jimmie Marie Clay.

Attached to this letter is a list of all health care providers to whom notice is being sent pursuant to T.C.A. § 29-26-121(a). Also attached is a HIPAA compliant

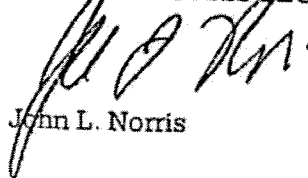
GGNSC Holdings, LLC, individually and d/b/a Golden Horizons  
May 9, 2013  
Page - 2 -

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medical authorization, with attached Order Appointing Co-Conservators, permitting each provider receiving notice to obtain complete medical records from each other provider.

Sincerely yours,

NORRIS & NORRIS, PLLC

A handwritten signature in dark ink, appearing to read "John L. Norris", is written over the typed name.

John L. Norris

JLN/ml

Enclosures: As stated.

LIST OF HEALTH CARE PROVIDERS TO WHOM NOTICE IS BEING  
GIVEN PURSUANT TO T.C.A. SECTION 29-26-121(a)

RE: Patient: Jimmie Marie Clay  
DOB: January 5, 1919

The below is a list of all healthcare providers to whom notice is being given, pursuant to T.C.A. Section 29-26-121(a), of a potential claim for medical malpractice:

GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 104 Watson Road Springfield, TN 37172	GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 1000 Fianna Way Fort Smith, AR 72919-0001
GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate National Senior Care LLC, individually and d/b/a Golden Living c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Administrative Services LLC individually and d/b/a Golden Ventures 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008
GGNSC Administrative Services LLC individually and d/b/a Golden Ventures c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 1000 Fianna Way Fort Smith, AR 72919-9008

GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	GGNSC Holdings LLC, individually and d/b/a Golden Horizons c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Equity Holdings LLC 1000 Fianna Way Fort Smith, AR 72919
GGNSC Equity Holdings LLC c/o Corporation Service Company 300 Spring Building, Suite 900 300 South Spring Street Little Rock, AR 72201	



**HIPAA COMPLIANT AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

TO: GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC

RE: JIMMIE MARIE CLAY

DATE OF BIRTH: January 5, 1919

SOCIAL SECURITY NO.: 409-30-2749

I, William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay, hereby authorize you to release to any representative of GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC any and all medical, care, evaluation or treatment records, including medical records received from other healthcare providers, nursing home records, clinic notes, office notes, doctors' progress reports, activities of daily living records, intake/output forms, clinical tests, respiratory care records, medication sheets, operative information, therapy records, all records prepared by nurses or nursing assistants, all nursing notes and information, transfer forms, ER information, consultations, radiology reports and/or X-rays, diagnostic testing reports, lab reports, pathology specimens and reports, admission information, pharmacy information, billing information and any other items or documents dealing with Jimmie Marie Clay's care, treatment and/or evaluation.

You are authorized to furnish this information even though the confidentiality of the information may be protected by Federal or State laws and regulations.

The purpose of the release of Jimmie Marie Clay's records is for review by GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC, for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY REPRESENTATIVE OF GGNSC SPRINGFIELD LLC, INDIVIDUALLY AND D/B/A GOLDEN LIVINGCENTER SPRINGFIELD; GOLDEN GATE NATIONAL SENIOR CARE LLC, INDIVIDUALLY



AND D/B/A GOLDEN LIVING; GGNSC ADMINISTRATIVE SERVICES LLC, INDIVIDUALLY AND D/B/A GOLDEN VENTURES; GGNSC HOLDINGS LLC, INDIVIDUALLY AND D/B/A GOLDEN HORIZONS; GOLDEN GATE ANCILLARY LLC, INDIVIDUALLY AND D/B/A GOLDEN INNOVATIONS; GGNSC CLINICAL SERVICES, LLC, INDIVIDUALLY AND D/B/A GOLDEN CLINICAL SERVICES; AND GGNSC EQUITY HOLDINGS LLC OUTSIDE THE PRESENCE OF MY ATTORNEY.

All records obtained pursuant to this authorization shall be copied by the party obtaining them and a numbered copy shall be furnished to my counsel, John L. Norris, Fifth Third Center, 424 Church Street, Suite 1300, Nashville, Tennessee 37219, within ten (10) days after the records are obtained through the use of this authorization.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Should I desire to revoke this authorization, I must send written notice to the above-named health care providers. Unless otherwise revoked, a copy of this authorization shall be deemed as sufficient as the original for purposes of releasing the records and information. This authorization, including copies, shall be valid for one year from the date set forth below.

I understand that I am not required to sign this authorization.

The above-named health care provider(s) will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

I understand that if I authorize the release of Jimmie Marie Clay's health information to a recipient who is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by federal or state privacy laws.

A copy of the Order appointing me Co-Conservator of Jimmie Marie Clay is attached to this Authorization as is a copy of the Letters of Conservatorship.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

DATE: 5-9-2013

SIGNED: William S. Clay Co-Conservator and next friend of Jimmie Marie Clay  
William S. Clay Co-Conservator and next friend of Jimmie Marie Clay

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

IN THE MATTER OF  
THE CONSERVATORSHIP OF:  
JIMMIE MARIE CLAY

2013 MAY -8 PM 2:34

RICHARD R. POTTER, CLERK

NO. 13P-671

ORDER APPOINTING CO-CONSERVATORS

This matter was heard on May 8, 2013, on the Petition filed by Petitioner's three (3) adult children to appoint Petitioners Joe Allen Clay and/or William S. Clay as Co-Conservators for their mother, Respondent Jimmie Marie Clay.

Based upon the facts stated in the sworn Petition, the sworn Report of Carol Cantrell M.D., the Report filed by attorney John C. Long as Guardian ad Litem, and statements of counsel, the Court finds:

- (1) Respondent Jimmie Marie Clay (Ms. Clay"), whose domicile is Davidson County, was properly served with process by the Guardian ad Litem.
- (2) Ms. Clay, age 94, is bedbound and is not verbally responsive.
- (3) Ms. Clay is fully disabled and is in need Court assistance pursuant to Tenn. Code Ann. §§ 34-1-126; and 34-1-101(7). She is unable to make decisions about her physical well-being, her medical treatment, her relocation, or her financial affairs.
- (4) Ms. Clay receives Medicaid/TennCare long-term care benefits; her monthly Social Security benefits (\$1,025.00) and VA pension (\$90.00) are used to pay her monthly care expenses.
- (5) Joe Allen Clay and/or William S. Clay are appropriate persons to serve as their mother's Co-Conservators to make all necessary decisions on her behalf.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED:

1. Joe Allen Clay and/or William S. Clay are appointed as Co-Conservators for Respondent Jimmie Marie Clay, with authority to act either individually or together; Letters of Conservatorship shall be issued to Joe Allen Clay and/or William S. Clay.
2. The requirement of bond is waived in accordance with Tenn. Code Ann. § 34-1-105(b)(2).
3. Inventory, Property Management Plan, and annual accountings are also waived pursuant to Tenn. Code Ann. § 34-1-111(h)(1). The Co-Conservators shall file an annual status report with the Probate Clerk.
4. Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to make all personal and healthcare decisions on behalf of Respondent, including the right to communicate with Respondent's medical and mental health providers, to consent to or to refuse any medical or mental health treatment and hospitalization, and to admit or discharge Respondent to or from any hospital or healthcare facility.
5. Further, Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to advocate for Respondent's health care needs, to obtain any and all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164, to examine Respondent's identifiable and otherwise confidential health information, and any medical or mental health-related records, and to disclose this information to third persons as necessary to protect or advocate for Respondent's interests.

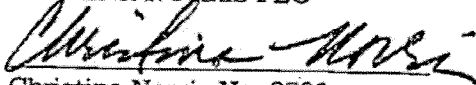
6. Next, Co-Conservators Joe Allen Clay and/or William S. Clay have full authority over Respondent's property and financial matters, including the right to make decisions about all of Respondent's financial affairs and to bring any cause of action on behalf of Respondent Jimmie Marie Clay.
7. Upon review of the affidavit filed by Christina Norris, attorney for Petitioners, Ms. Norris is awarded \$ 1,811.<sup>20</sup> for her services, to be charged to the property of Jimmie Marie Clay to be paid as funds may become available.
8. Based on the affidavit filed by attorney Chad Long, Mr. Long is awarded \$ 600.<sup>00</sup> for his services as Guardian ad Litem, which is charged to the property of Respondent Jimmie Marie Clay <sup>to be paid</sup> ~~as funds may~~ <sup>immediately be</sup> ~~become available.~~

ENTERED this 8<sup>th</sup> day of May, 2013.

  
RANDY KENNEDY, JUDGE

APPROVED FOR ENTRY:

NORRIS & NORRIS PLC



Christina Norris No. 6599  
John L. Norris No. 6007  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, TN 37219  
(615) 627-3959  
Attorneys for Petitioners



I hereby certify that this is a true copy  
of original instrument filed in my office  
this 8<sup>th</sup> day of May, 2013  
By Richard F. Fooker  
Deputy Clerk

CERTIFICATE OF SERVICE

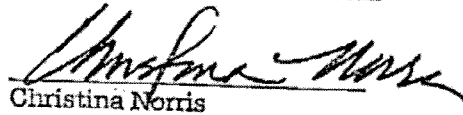
I hereby certify that on May 8, 2013, a copy of the foregoing Order was sent by U. S. mail, to:

Joe Allen Clay  
204 Claudia Dr.  
Old Hickory, TN 37138

William S. Clay  
197 London Lane  
Franklin, TN 37076

Richard Lee Clay  
3041 Quail Court  
Greenbrier, TN 37073

John Chadwick Long  
130 South Water Ave.  
Gallatin, TN 37066  
*Guardian ad Litem*

  
Christina Norris



SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF CONSERVATORSHIP

Estate of Jimmie Marie Clay

Docket No. 13P671

To: JOE ALLEN CLAY AND/OR WILLIAM S. CLAY:

IT APPEARING to the Court that JIMMIE MARIE CLAY is in need of the appointment of a Fiduciary to manage the personal, mental, medical and financial affairs of this respondent and you having qualified according to law, and the Court having ordered that Letters issue:

THEREFORE, you, JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, are empowered to take full authority over the personal, mental and medical care of this person and to enter upon their property, to take into your possession, for the use and benefit of the aforementioned respondent, the assets of the respondent. Further, you are empowered to bring such suits or actions in relation thereto as may be deemed necessary and proper and in accordance with your duties, submit an Inventory within sixty (60) days of your appointment and file Annual Accountings pursuant to the statute, unless waived by this Court. Further, you must adhere to the Property Management Plan approved and adopted by the Court and make the necessary increases to the bond as required and at such time, make and prepare a Final Settlement of your accounts in this matter. HEREIN FAIL NOT.

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this May, 2013.

Order of MAY 8, 2013  
Without Bond

Richard R. Rooker, Clerk

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

[Signature] D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Conservatorship issued to JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, in this matter, and I do further certify that this person(s) is still acting as the court-appointed Fiduciary in this matter, and continues to be entitled to full faith and credit, as it appears from the records in my office at Nashville, Tennessee, this 9th day of May, 2013.

Richard R. Rooker, Clerk

[Signature] D.C.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>C. [Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>GGNSC Holdings LLC, individually and d/b/a Golden Horizons % Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312</p>		<p>B. Received by (Printed Name) <i>C. [Signature]</i></p> <p>C. Date of Delivery <i>5/10/13</i></p>	
<p>2. Article Number (Transfer from service label) <b>7011 2000 0002 5915 3600</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><i>MAY 10 2013</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

NASHVILLE TN 37203

Postage	\$ 10.86	0297
Certified Fee	\$3.10	09
Return Receipt Fee (Endorsement Required)	\$2.55	09
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 16.51	05/09/2013

Sent To  
GGNSC Holdings LLC ind d/b/a Golden Horizons  
% Corp. Service Co., 2908 Poston Ave  
Nashville TN 37203

PS Form 3800, August 2008 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE®**

Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented for mailing. This form may be used for domestic and international mail.

From: NORRIS & NORRIS, PLLC  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: GGNSC Holdings LLC ind d/b/a  
Golden Horizons  
% Corporation Service Company  
2908 Poston Ave Nashville TN 37203

*MAY 09 2013*

U.S. POSTAGE PAID NASHVILLE, TN 37203

PS Form 3817, April 2007 PSN 7530-02-000-9065

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GGNSC Holdings, LLC, individually  
and d/b/a Golden Horizons  
1000 Fianna Way  
Legal Dept. - MD 4824  
Fort Smith, AR 72919-9008

2. Article Number (Transfer from service label) **7012 2920 0002 2890 2615**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) ☐ Yes ☐ No

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**Fort Smith, AR 72919**

Postage \$ **4.86**

Certified Fee \$ **3.10**

Return Receipt Fee (Endorsement Required) \$ **2.55**

Restricted Delivery Fee (Endorsement Required) \$ **40.00**

Total Postage & Fees \$ **\$6.51**

**Golden Horizons**  
1000 Fianna Way, Legal Dept MD 4824  
Fort Smith AR 72919-9008

PS Form 3800, August 2005 See Reverse for Instructions

**UNITED STATES POSTAL SERVICE**

**Certificate of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing. This form may be used for domestic and international mail.

From: **NORRIS & NORRIS, PLC**  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: **GGNSC Holdings LLC ind + dba**  
**Golden Horizons**  
1000 Fianna Way Legal Dept. MD 4824  
Fort Smith AR 72919-9008

PS Form 3817, April 2007 PSN 7530-02-000-9065



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GGNSC Holdings, LLC, individually  
and d/b/a Golden Horizons  
7160 Dallas Parkway, Suite 400  
Plano, TX 75024-7111

2. Article Number  
(Transfer from service label)

7012 2920 0002 2890 2639

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Chase B...

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Chase B...

C. Date of Delivery

5-15-13

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

PLANO TX 75024

**OFFICIAL RECEIPT**

Postage	\$0.86
Certified Fee	\$5.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$8.51

Sent To  
GGNSC Holdings LLC ind + d/b/a Golden  
Horizons, 7160 Dallas Pkwy Ste 400  
Plano TX 75024-7111

PS Form 3800, August 2006

See Reverse for Instructions

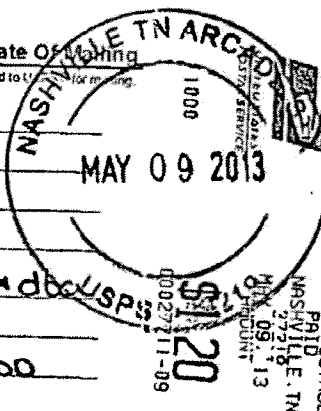


**Certificate of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to the post office for mailing. This form may be used for domestic and international mail.

From: NORRIS & NORRIS, PLC  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: GGNSC Holdings LLC ind + d/b/a  
Golden Horizons  
7160 Dallas Pkwy, Ste 400  
Plano TX 75024-7111



PS Form 3817, April 2007 PSN 7530-02-000-9065

JOHN L. NORRIS  
john@norrslaw.net

Certified as a Civil Trial  
Specialist by the National  
Board of Trial Advocacy

CHRISTINA NORRIS  
chris@norrslaw.net

NORRIS & NORRIS PLC  
FIFTH THIRD CENTER  
424 CHURCH STREET, SUITE 1300  
NASHVILLE, TENNESSEE 37219-2301  
(615) 627-3959  
(615) 627-3962 FAX  
www.norrslaw.net

BARBARA MOSS  
Of Counsel  
bmoss@norrslaw.net

Paralegals:  
Kristen Mazzanti  
Melissa Ledford  
Debbie Wells

May 9, 2013

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

GGNSC Equity Holdings LLC  
1000 Fianna Way  
Fort Smith, AR 72919

GGNSC Equity Holdings LLC  
c/o Corporation Service Company  
300 Spring Building, Suite 900  
300 South Spring Street  
Little Rock, AR 72201

RE: Patient whose treatment is at issue: Jimmie Marie Clay  
Date of Birth: January 5, 1919  
Name, address and relationship to  
the patient of the claimant: William S. Clay, Co-Conservator  
and Next Friend of Jimmie Marie  
Clay  
197 London Lane  
Franklin, TN 37067

Dear GGNSC Equity Holdings LLC:

I represent William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, and am his authorized agent. On behalf of Jimmie Marie Clay, William S. Clay, Co-Conservator and Next Friend of Jimmie Marie Clay, is asserting a potential claim for medical malpractice against GGNSC Equity Holdings LLC arising out of care provided to Jimmie Marie Clay at Golden LivingCenter Springfield from October 29, 2007 through July 26, 2012. Jimmie Marie Clay suffered injuries as a result of the care negligently rendered to her, including a Stage IV pressure sore to her left hip, injuries sustained on or about July 12, 2012 and injuries sustained in a fall on or about July 24, 2012. William S. Clay is a son of Jimmie Marie Clay.

Attached to this letter is a list of all health care providers to whom notice is being sent pursuant to T.C.A. § 29-26-121(a). Also attached is a HIPAA compliant medical authorization, with attached Order Appointing Co-Conservators, permitting each provider receiving notice to obtain complete medical records from each other provider.

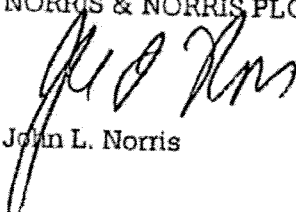


GGNSC Equity Holdings LLC  
May 9, 2013  
Page - 2 -

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Sincerely yours,

NORRIS & NORRIS PLC



John L. Norris

JLN/ml  
Enclosures: As stated.

LIST OF HEALTH CARE PROVIDERS TO WHOM NOTICE IS BEING  
GIVEN PURSUANT TO T.C.A. SECTION 29-26-121(a)

RE: Patient: Jimmie Marie Clay  
DOB: January 5, 1919

The below is a list of all healthcare providers to whom notice is being given, pursuant to T.C.A. Section 29-26-121(a), of a potential claim for medical malpractice:

GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 104 Watson Road Springfield, TN 37172	GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield 1000 Fianna Way Fort Smith, AR 72919-0001
GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Springfield LLC, individually and d/b/a GoldenLivingCenter Springfield 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate National Senior Care LLC, individually and d/b/a Golden Living c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate National Senior Care LLC, individually and d/b/a Golden Living 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Administrative Services LLC individually and d/b/a Golden Ventures 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008
GGNSC Administrative Services LLC individually and d/b/a Golden Ventures c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 1000 Fianna Way Fort Smith, AR 72919-9008

GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312	GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 1000 Fianna Way Legal Dept. - MD 4824 Fort Smith, AR 72919-9008	GGNSC Holdings LLC, individually and d/b/a Golden Horizons c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203-1312
GGNSC Holdings LLC, individually and d/b/a Golden Horizons 7160 Dallas Parkway, Suite 400 Plano, TX 75024-7111	GGNSC Equity Holdings LLC 1000 Fianna Way Fort Smith, AR 72919
GGNSC Equity Holdings LLC c/o Corporation Service Company 300 Spring Building, Suite 900 300 South Spring Street Little Rock, AR 72201	

HIPAA COMPLIANT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: GGNSC Springfield LLC, individually and d/b/a Golden LivingCenter Springfield; Golden Gate National Senior Care LLC, individually and d/b/a Golden Living; GGNSC Administrative Services LLC, individually and d/b/a Golden Ventures; GGNSC Holdings LLC, individually and d/b/a Golden Horizons; Golden Gate Ancillary LLC, individually and d/b/a Golden Innovations; GGNSC Clinical Services, LLC, individually and d/b/a Golden Clinical Services; and GGNSC Equity Holdings LLC

RE: JIMMIE MARIE CLAY

DATE OF BIRTH: January 5, 1919

SOCIAL SECURITY NO.: 409-30-2749

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AND D/B/A GOLDEN LIVING; GGNSC ADMINISTRATIVE SERVICES LLC, INDIVIDUALLY AND D/B/A GOLDEN VENTURES; GGNSC HOLDINGS LLC, INDIVIDUALLY AND D/B/A GOLDEN HORIZONS; GOLDEN GATE ANCILLARY LLC, INDIVIDUALLY AND D/B/A GOLDEN INNOVATIONS; GGNSC CLINICAL SERVICES, LLC, INDIVIDUALLY AND D/B/A GOLDEN CLINICAL SERVICES; AND GGNSC EQUITY HOLDINGS LLC OUTSIDE THE PRESENCE OF MY ATTORNEY.

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The above-named health care provider(s) will not condition treatment, payment, enrollment or eligibility for benefits on whether I provide this authorization.

I understand that if I authorize the release of Jimmie Marie Clay's health information to a recipient who is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by federal or state privacy laws.

A copy of the Order appointing me Co-Conservator of Jimmie Marie Clay is attached to this Authorization as is a copy of the Letters of Conservatorship.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

DATE: 5-9-2013

SIGNED: William S. Clay Co-Conservator and Next Friend of Jimmie Marie Clay  
William S. Clay, Co-Conservator and next friend of Jimmie Marie Clay



IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

IN THE MATTER OF  
THE CONSERVATORSHIP OF:  
JIMMIE MARIE CLAY

2013 MAY -8 PM 2:34

RICHARD R. BOWMER, CLERK

NO. 13P-671

ORDER APPOINTING CO-CONSERVATORS

This matter was heard on May 8, 2013, on the Petition filed by Petitioner's three (3) adult children to appoint Petitioners Joe Allen Clay and/or William S. Clay as Co-Conservators for their mother, Respondent Jimmie Marie Clay.

Based upon the facts stated in the sworn Petition, the sworn Report of Carol Cantrell M.D., the Report filed by attorney John C. Long as Guardian ad Litem, and statements of counsel, the Court finds:

(1) Respondent Jimmie Marie Clay (Ms. Clay"), whose domicile is Davidson County, was properly served with process by the Guardian ad Litem.

(2) Ms. Clay, age 94, is bedbound and is not verbally responsive.

(3) Ms. Clay is fully disabled and is in need Court assistance pursuant to Tenn. Code Ann. §§ 34-1-126; and 34-1-101(7). She is unable to make decisions about her physical well-being, her medical treatment, her relocation, or her financial affairs.

(4) Ms. Clay receives Medicaid/TennCare long-term care benefits; her monthly Social Security benefits (\$1,025.00) and VA pension (\$90.00) are used to pay her monthly care expenses.

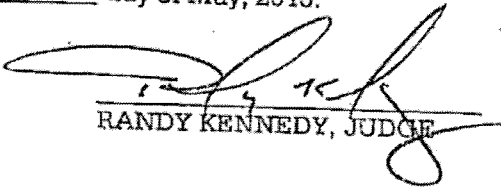
(5) Joe Allen Clay and/or William S. Clay are appropriate persons to serve as their mother's Co-Conservators to make all necessary decisions on her behalf.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED:

1. Joe Allen Clay and/or William S. Clay are appointed as Co-Conservators for Respondent Jimmie Marie Clay, with authority to act either individually or together; Letters of Conservatorship shall be issued to Joe Allen Clay and/or William S. Clay.
2. The requirement of bond is waived in accordance with Tenn. Code Ann. § 34-1-105(b)(2).
3. Inventory, Property Management Plan, and annual accountings are also waived pursuant to Tenn. Code Ann. § 34-1-111(h)(1). The Co-Conservators shall file an annual status report with the Probate Clerk.
4. Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to make all personal and healthcare decisions on behalf of Respondent, including the right to communicate with Respondent's medical and mental health providers, to consent to or to refuse any medical or mental health treatment and hospitalization, and to admit or discharge Respondent to or from any hospital or healthcare facility.
5. Further, Co-Conservators Joe Allen Clay and/or William S. Clay are authorized to advocate for Respondent's health care needs, to obtain any and all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164, to examine Respondent's identifiable and otherwise confidential health information, and any medical or mental health-related records, and to disclose this information to third persons as necessary to protect or advocate for Respondent's interests.

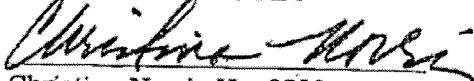
6. Next, Co-Conservators Joe Allen Clay and/or William S. Clay have full authority over Respondent's property and financial matters, including the right to make decisions about all of Respondent's financial affairs and to bring any cause of action on behalf of Respondent Jimmie Marie Clay.
7. Upon review of the affidavit filed by Christina Norris, attorney for Petitioners, Ms. Norris is awarded \$ 1,811.<sup>20</sup> for her services, to be charged to the property of Jimmie Marie Clay to be paid as funds may become available.
8. Based on the affidavit filed by attorney Chad Long, Mr. Long is awarded \$ 600.<sup>00</sup> for his services as Guardian ad Litem, which is charged to the property of Respondent Jimmie Marie Clay <sup>to be paid</sup> ~~as funds may become available.~~ <sub>immediately as become available.</sub>

ENTERED this 8<sup>th</sup> day of May, 2013.

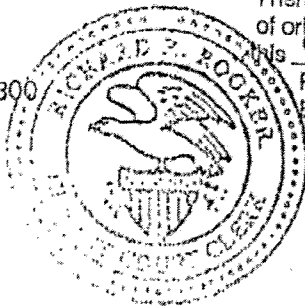
  
RANDY KENNEDY, JUDGE

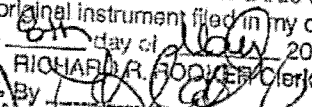
APPROVED FOR ENTRY:

NORRIS & NORRIS PLC



Christina Norris No. 6599  
John L. Norris No. 6007  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, TN 37219  
(615) 627-3959  
Attorneys for Petitioners



I hereby certify that this is a true copy  
of original instrument filed in my office  
this 8<sup>th</sup> day of May, 2013  
By   
Richard P. Rooker  
Deputy Clerk

CERTIFICATE OF SERVICE

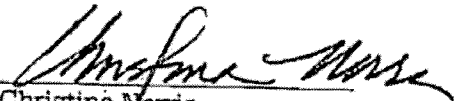
I hereby certify that on May 8, 2013, a copy of the foregoing Order was sent by U. S. mail, to:

Joe Allen Clay  
204 Claudia Dr.  
Old Hickory, TN 37138

William S. Clay  
197 London Lane  
Franklin, TN 37078

Richard Lee Clay  
3041 Quail Court  
Greenbrier, TN 37073

John Chadwick Long  
130 South Water Ave.  
Gallatin, TN 37066  
*Guardian ad Litem*

  
Christina Norris

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF CONSERVATORSHIP

Estate of Jimmie Marie Clay

Docket No. 13P671

To: JOE ALLEN CLAY AND/OR WILLIAM S. CLAY:

IT APPEARING to the Court that JIMMIE MARIE CLAY is in need of the appointment of a Fiduciary to manage the personal, mental, medical and financial affairs of this respondent and you having qualified according to law, and the Court having ordered that Letters issue:

THEREFORE, you, JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, are empowered to take full authority over the personal, mental and medical care of this person and to enter upon their property, to take into your possession, for the use and benefit of the aforementioned respondent, the assets of the respondent. Further, you are empowered to bring such suits or actions in relation thereto as may be deemed necessary and proper and in accordance with your duties, submit an Inventory within sixty (60) days of your appointment and file Annual Accountings pursuant to the statute, unless waived by this Court. Further, you must adhere to the Property Management Plan approved and adopted by the Court and make the necessary increases to the bond as required and at such time, make and prepare a Final Settlement of your accounts in this matter. HEREIN FAIL NOT.

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this May, 2013.

Order of MAY 8, 2013  
Without Bond

Richard R. Rooker, Clerk

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Conservatorship issued to JOE ALLEN CLAY AND/OR WILLIAM S. CLAY, in this matter, and I do further certify that this person(s) is still acting as the court-appointed Fiduciary in this matter, and continues to be entitled to full faith and credit, as it appears from the records in my office at Nashville, Tennessee, this 9th day of May, 2013.

Richard R. Rooker, Clerk

D.C.



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

GGNSC Equity Holdings LLC  
% Corporation Service Company  
300 Spring Building, Suite 900  
300 South Spring Street  
Little Rock, AR 72201

## 2. Article Number

(Transfer from service label)

7011 2000 0002 5915 3662

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

x *Robert J Perit*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Robert J Perit*

## C. Date of Delivery

3/13

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes**U.S. Postal Service<sup>®</sup>**  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

LITTLE ROCK, AR 72201

Postage

\$

05.86

Certified Fee

\$

3.10

Return Receipt Fee  
(Endorsement Required)

\$

2.55

Restricted Delivery Fee  
(Endorsement Required)

\$

0.00

Total Postage &amp; Fees

\$

6.51

05/09/2013

Sent To

GGNSC Equity Holdings LLC

Street, Apt. No.

% Corp. Service Co., 300 Spring Bldg.

City, State, ZIP+4

Ste. 900 300 South Spring St. Little Rock AR

PS Form 3800, August 2006

See Reverse for Instructions



## Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to the United States Postal Service for mailing. This form may be used for domestic and international mail.

From:

NORRIS &amp; NORRIS, PLC

424 Church Street

Suite 1300

Nashville, TN 37219

To:



GGNSC Equity Holdings LLC

% Corporation Service Company

300 Spring Bldg., Ste. 900

300 S. Spring St., Little Rock AR 72201

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature 	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  GGNSC Equity Holdings LLC 1000 Fianna Way Fort Smith, AR 72919		B. Received by (Printed Name) 	
		C. Date of Delivery 	
2. Article Number (Transfer from service label) 7011 2000 0002 5915 3655		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Required	
Domestic Return Receipt		4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

5915 3655 2000 0002 5915 3655

OFFICIAL USE

Postage	\$ 0.22
Certified Fee	\$ 2.10
Return Receipt Fee (Endorsement Required)	\$ 2.55
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 4.87

Postmark Here  
MAY 09 2013  
05/09/2013

Sent To  
GGNSC Equity Holdings LLC  
1000 Fianna Way  
Fort Smith AR 72919

PS Form 3800, August 2006 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing.

From: NORRIS & NORRIS, PLC  
424 Church Street  
Suite 1300  
Nashville, TN 37219

To: GGNSC Equity Holdings LLC  
1000 Fianna Way  
Fort Smith AR 72919

Postage \$1.20

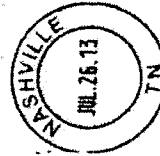
U.S. POSTAGE PAID  
NASHVILLE, TN  
0002711-509

PS Form 3817, April 2007 PSN 7530-02-000-9065

**First Class Mail**



82990000000 #



GGNSC Holdings LLC, individually and d/b/a  
Golden Horizons  
c/o Corporation Service Company  
2908 Poston Avenue  
Nashville, TN 37203-1312



7012 2420 0002 2890 3940

NORRIS & NORRIS PLC  
Fifth Third Center  
424 Church Street, Suite 1300  
Nashville, Tennessee 37219